Anxiety Transmission within the Mother-Daughter Relationship: A Phenomenological Qualitative Study

By

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A dissertation submitted to the Graduate Faculty of
Auburn University
in partial fulfillment of the
requirements for the Degree of
Doctor of Philosophy

Auburn, Alabama
August 3, 2024

Keywords: parenting, anxiety, mothers, daughters,
social referencing, cognitive theory, counseling

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Abstract

For children of parents who exhibit symptoms of anxiety, the long-term effects of anxiety on their upbringing can be significant and enduring. Maternal anxiety can adversely impact children's ability to cope with uncertainty through the modeling of anxious interpretations of ambiguity. The purpose of this qualitative transcendental phenomenological study is to explore how the experiences of being raised by a mother who exhibits symptoms of anxiety affected subsequent anxiety symptomatology for adult daughters. Principles from Bandura's Social Cognitive Theory of Social Referencing served as the conceptual framework for this study. Data were collected using semistructured interviews and analyzed to determine emergent themes. In addition to contributing to family and child counseling literature, this study can provide information that can help adult daughters of mothers with anxiety understand how their early experiences may have influenced their current anxious thoughts and feelings. The study findings may also be useful to clinicians in fostering more healthy thinking and coping in their female clients who are growing up in homes where anxious affect, cognitions, and behavior are modeled.

Keywords: anxiety, mother, daughters, family, parenting, information processing biases, social referencing

Acknowledgements

I cannot be thankful enough for the love and support I have received throughout this process, without which I would not have been able to come this far in my education and career.

To the faculty who have supported me and guided me through this process. Dr. Delgado, thank you for guiding and assisting me through this process and providing support along the way. To my committee - Dr. Meyer, Dr. Tuttle, and Dr. Flint – thank you for your feedback, guidance, and support in my dissertation as well as through the program at large. To all of the faculty I have had the privilege of studying under, thank you for your mentorship and wisdom that have allowed me to grow and develop into the counselor and counselor educator I am today.

To my cohort members, thank you for collaborating with me on research, writing, and in leadership. We did it!

To my husband, my best friend and constant support, who has walked alongside me throughout this entire process. Thank you for listening me when I vented and shed tears about my work and for encouraging me when I felt discouraged. There is no one else I would rather have by my side in this and every journey.

To my family, to my father and mother, who have supported me and encouraged me since I was a child. To my father, who has always believed that I could accomplish my goals, even when I doubted it myself. Thank you for sacrificing so much in order to help me succeed. To my mother, who modeled strength and bravery in the face of suffering and taught me how to move through challenges with faith in God and compassion for others. I love you, Mom.

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Chapter 1

Introduction and Literature Review

Anxiety disorders are among the most prevalent childhood psychiatric disorders and tend to persist from childhood into adolescence and adulthood (Rapee et al., 2009). Researchers have explored the development of anxiety and factors contributing to the development of anxiety. One proposed theory is that of intergenerational anxiety transmission, through which children take on the anxiety of parents (Aktar, 2022; Eley et al., 2015). A variety of factors contribute to the intergenerational transmission of anxiety, including genetic factors, parenting styles, child temperament, and parent-child attachment (Ahmadzadeh et al., 2019; Cartwright-Hutton et al., 2018; Fisak & Grills-Taquechel, 2007; Gerull & Rapee, 2002). In addition to these factors, social referencing has also been considered a method of anxiety transmission from parent to child (Bandura, 1992). Studies have shown the connection between parental anxiety and child anxiety, as well as the connection between parental interpretations of events and child interpretations of events (Aktar et al., 2014; Lester et al., 2010). This connection is particularly prevalent in daughters and mothers (Gerull & Rapee, 2002). Observing parental verbalization of interpretations of ambiguous stimuli and consequential behavior can affect child interpretations and behaviors, leading to long term mental health consequences (Lester et al., 2009; Moller et al., 2014). Understanding the lived experiences of women who grew up with anxious mothers can provide a wealth of information about the long-term effects of healthy and unhealthy modeling of anxiety throughout childhood in mother-daughter relationships, as well as provide valuable clinical information about risk and protective factors in such families.

Parent-Child Relationship

The relationship between parent and child is one of the oldest foci of therapeutic attention. This focus was first reflected in psychoanalytic theories where the dynamics between parents and children are central to maladaptive behavior (Freud, 1905, 1910, 1924, 1925). In individual counseling, the parent-child relationship remains an area of focus in session for many therapists and clients. Countless therapeutic programs have been developed in order to assist in facilitating quality relationships between parents and children and to enhance family connectedness (Gross et al, 2009, Olds et al, 1997, Prinz et al, 2009). In addition, various therapeutic modalities such as Parent-Infant Psychotherapy and Parent-Child-Interaction Therapy place the parent-child relationship at the core of therapeutic work (Funderburk & Eyberg, 2001; Herschel et al., 2002). Ultimately, the quality of the parent-child relationship has been shown to significantly impact children as a predictor of later academic, social, and relational success (Bronfenbrenner & Morris, 2006; Furrer & Skinner, 2003; Mullins & Panlilio, 2023).

Additionally, parental well-being was found to have a positive relationship to nurturing, support and positive parenting behavior (Sameroff, 2009; Voydanoff and Donnelly, 1998). A secure parent–child relationship provides physical and emotional safety to children, allowing them to feel supported and able to develop their own sense of self and emotional landscape. There are many factors that contribute to the quality of the parent-child relationship including attachment, genetic factors, environmental factors, parenting styles, and emotional regulation of members within the family (Morris et al., 2017).

Importance of Emotional Well-Being in the Parent-Child Relationship

It is clear that the relationship between parents and children has a direct impact upon the well-being of the family and of children specifically. In a 2006 study, Henry et. al reported that

adolescents' reports of higher parental support were associated with more balanced family systems. Henry (1994, 1996) previously found that adolescents' reports of family systems and parental support were associated with greater adolescent emotional well-being. This is likely due to the fact that emotional regulation and parental well-being within the family provide a secure base for children to develop their own emotional regulation skills. To provide support for this idea, researchers have shown that emotional support in families is associated with more effective emotional regulation of children (Morris et al., 2017). In a study of military families, it was found that children's perception of parental support was associated with fewer behavioral and emotional symptoms (Morris & Age, 2009). In addition, the quality of the parent-child relationship has been positively associated with emotional regulation (Kliewer et al., 2004) and overly harsh or controlling parenting has been associated with greater internalizing and externalizing problems over many age groups, including adolescents and preschoolers (Cui et al., 2014; Morris et al., 2002).

For families in which a parent has difficulty maintaining emotional well-being, there can be an array of negative outcomes related to parental mental health concerns. Parents experiencing mental illness report poorer parent–child relationships, more parenting problems, lower parenting satisfaction, more family violence than parents without psychiatric issues (Cohen et al., 2011; Lee-Feldner et al., 2011). Children of parents who suffer from mental illness have been found to have increased emotional distress and behavioral problems (Lambert et al., 2014). More specifically, children of depressed parents have been found to experience developmental delays, worsened school performance, and problems with peers which persist into adulthood (Nomura et al., 2002; Weintraub et al., 1984). While children can overcome these factors and have a productive and functional life (Marsh et al., 1993), growing up with a parent

who has difficulty with emotional well-being produces a unique challenge for children and parents.

The Mother-Daughter Dyad

The parent-child relationship is essential to child development, particularly the same-sex dyad of mother-daughter. The mother-daughter relationship is essential to the development of self-esteem and identity in young girls (Borello, 2006; Clarke & Griffin, 2007; Ogle & Damhorst, 2003). The type of attachment and communication a young woman shares with her mother can greatly impact her health and well-being (Goslin & Koons-Beauchamp, 2023). In a study by Butler and Shalit-Naggar (2008), researchers found that mother–daughter dyads are more likely to create a reciprocal relational system than mother-son dyads which may lead to particularly salient communication between mothers and daughters. This reciprocal relational system leads to effective intersections between mother and daughter which may impact individual perceived relationship closeness. A study by Manczak et al. (2018) tested the role of family support as a buffer in life stress with young adults at different levels of risk for depression, analyzing mother-daughter dyads. This study found that family communication contributes to intergenerational psycho-pathology transmission processes, where mental health issues are passed down from generations through various communications processes (Manczak et al., 2018). It has been hypothesized that the mother-daughter dyad is particularly influential because of the sex-role socialization of women which may lead mothers and daughters to identify with one another emotionally (Borello, 2006). In a study by Armstrong and Boothroyd (2008), it was found that at-risk young women most often identified with their mothers as their role models and found this to be an important relationship to them, even when there was conflict in the relationship. In this study, the theory of social referencing was used as a lens through

which to understand the communication between mothers and daughters, in which children learn affective responses from the parent through verbal and nonverbal communication.

Mental Health Impact on the Mother-Daughter Relationship

Maternal mental health can have an impact on both the mother-daughter relationship, as well as daughters' mental well-being. In a study by Muzik et al. (2017), mother and infant dyads engaged in a 6-month home visit in which they participated in interactional tasks of varying difficulties. As part of this research study, researchers collected maternal childhood abuse histories, current depression/PTSD symptoms, and levels of bonding with the infant. Researchers found that mothers with clinically significant depression had the most significant bonding impairment, as measured by the The Postpartum Bonding Questionnaire (PBQ) and by self-report (Muzik et al., 2017). Specifically with the case of maternal depression, Platt (2023) emphasizes the idea of intergenerational transmission of mental health disorders and highlights a need to better understand this process in order to improve preventive interventions. This study attempts to fill this gap and focus on the process of intergenerational transmission of anxiety from mother to daughter, with the goal of uncovering information that might lead to better therapeutic interventions.

Another area of focus in the literature is related to the impact of having a parent with borderline personality disorder. In a study analyzing the associations between maternal BPD symptoms and parenting, researchers found that maternal BPD symptoms were associated with parenting methods related to aspects of psychological and behavioral control (Zalewski et al., 2014). Additionally, no support was found for any interactions between adolescent temperament and maternal BPD symptoms. This suggests that the impacts of BPD on parenting found in this study is not exacerbated by daughters' low self-control or negative emotionality.

Researchers have also focused on eating disorders as an area which can impact the mother-daughter dyad. Arroyo and Andersen (2016) analyzed the relationship between appearance-related communication and body image outcomes within mother-daughter dyads. In this study researchers found that both mothers' and daughters' negative communication about weight was significantly related to one another and to their own body dissatisfaction, body surveillance, drive for thinness, and bulimic tendencies (Arroyo & Andersen, 2016). Additionally, the mothers' negative communication about weight was positively related to daughters' bulimic behaviors (Arroyo & Andersen, 2016). Similarly, a 2018 study by Chow and Tan found that high levels of negative communication about weight was associated with a greater risk of eating pathology and depressive symptoms among mothers and adolescent daughters. Overall, these results indicate the transmission of negative communication around weight from mother to daughter can result in negative mental health outcomes for the daughter and ultimately, disordered eating. While the above research provides support for the transmission of negative communication from mother to daughter, the studies did not address the process of anxiety transmission.

A few studies have directly examined the impact of maternal anxiety on the mother-daughter relationship. In a study on rumination behavior and anxiety sensitivity, a sample of 125 mother-daughter dyads were assessed for anxiety sensitivity, rumination, depression, anxiety, and rejecting parenting. Researchers found that, for girls who perceived higher depressive symptoms and rejecting parenting in their mothers, rumination was more strongly related to girls' anxiety sensitivity (Gardner and Epkins, 2012). In other words, daughters who observed more depressive symptoms in their mothers were more likely to engage in rumination behavior and experience anxiety sensitivity. In another study by Epkins and Stednitz (2006), researchers

found that daughters' social skills were related to their mothers' reports of the daughters' social anxiety, after accounting for daughters' depression. In this study, the mothers' loneliness and fear of negative evaluation was found to be significantly related to girls' social anxiety (Epkins and Stednitz, 2006). This illustrates the impact of maternal social anxiety on their children's development of social anxiety. Studies related to anxiety in the mother-daughter dyad are largely quantitative, limiting the exploration of the subjective experiences of children raised with an anxious mother (Santos, 2018). There have been qualitative studies related to growing up with a parent with obsessive compulsive disorder or borderline personality disorder (Griffiths et al., 2012; Onyeali, 2020), however, very few studies have explored the specific area of anxiety transmission between mother and daughter using qualitative methods.

Anxiety

The fifth edition of the Diagnostic Statistical manual defines anxiety disorders as "disorders that share features of excessive fear and anxiety and related behavioral disturbances" (APA, 2013). The DSM goes on to give guidelines for diagnosis of a variety of different anxiety disorders "differ(ing) from one another in the types of objects or situations that induce fear, anxiety, or avoidance behavior, and the associated cognitive ideation" (APA, 2013). This definition is further distinguished by particular areas of fear such as social situations, particular presentations of anxiety such as in panic disorder, and guidelines for categorizing disorders based on duration and intensity of symptoms. The common thread through all anxiety disorders is that the anxiety experienced differs "from developmentally normative fear or anxiety by being excessive or persisting beyond developmentally appropriate periods" (APA, 2013). Many individuals suffer from anxiety at a level that is subclinical or is simply undiagnosed due to a lack of help-seeking or treatment access. Due to the high prevalence of anxiety, many children

are raised in homes in which one or both of their parents may struggle with anxiety. In this situation, anxiety symptoms can be communicated to children by their parents through both verbal and non-verbal communication throughout their childhoods (Gerald & Rapee, 2002; Lester et al., 2009; Moller et al., 2014).

During the COVID-19 pandemic, women experienced a disproportionate amount of stress as result of increased care-taking and educational duties, social isolation, and a higher rate of essential worker roles when compared with men (Kerker et al., 2023). For children who were either born or were very young during the pandemic, the effects of worsened maternal health create the potential for negative outcomes for children which are only now beginning to be studied (Kerker et al., 2023). For school-aged children, school closures, separation from peers, increased screen time, and changes in children's routines have the potential to exacerbate pre-pandemic mental health concerns such as anxiety (McArthur, et al., 2021). A study by Hawes et al. (2022) found that among adolescent girls, there was an increase in depressive and panic symptoms related to COVID-19 home confinement. This study also found that across all participants, regardless of gender, there was an increase in generalized anxiety and social anxiety symptoms. Another study, by Saddik et al. (2020) found that parents who had severe levels of COVID related anxiety were seven times more likely to report emotional problems in their children. The research on the impacts of COVID-19 is still growing, but the research that has been done points toward increased anxiety for both parents and children and a connection between the two.

Transmission of Anxiety Symptoms within the Parent-Child Relationship

Researchers have taken two approaches to understanding the connection between mother and child anxiety. Top-down studies consider the effect of the parent's anxiety on their children,

finding that up to 60% of children of anxious parents meet criteria for an anxiety disorder and finding a greater risk for girls than boys (Ginsburg & Schlossberg, 2002). Other studies consider the effect of a child's anxiety upon their parent, finding up to 80% of parents of anxious children have parents with an anxiety disorder (Ginsburg & Schlossberg, 2002). Thus, it can be said that anxiety can be transmitted both ways, from parent-to-child and from child-to-parent, likely due to genetic and environmental factors in the family. Although anxiety from daughters can affect the mother's presentation of her own anxiety, this study will focus upon the transmission of anxiety from mother to daughter.

Parental anxiety can be communicated to children via verbal and nonverbal communication. Parents may overtly express their fears or tell the child about their experience of anxiety. Other parents may exhibit physical symptoms of fear or exhibit avoidance which communicates fear to the child. Fisak and Taquechel (2007) tested the reliability and validity of the Revised Fear Survey Schedule for Children (FSSC-R), by having parents respond to a single self-report question: ‘‘To what extent do you generally express your fears in the presence of your children?’’, which was rated as never, sometimes, or always. The study found that levels of child-reported fears on the Fear Survey Schedule for Children (FSSC; Ollendick, 1983) varied based on the rate at which mothers reported expressing fear in the presence of their children (Fisak & Taquechel, 2007). Children whose mothers reported ‘‘always’’ expressing fear in their presence reported the highest fear scores. Likewise, children whose mother's indicated ‘‘never’’ expressing fears in their presence reported the lowest fear scores. This suggests that these children may have learned fearfulness from their mothers through modeling via verbal communication. Fisak and Taquechel (2007) also noted that this relationship was not found for fathers, reinforcing the idea that mothers play a unique role in the learning or lack of learning of

anxiety for children. In addition to overt verbal communications about fear, mothers' non-verbal communication and cues can influence their children's fears. In an experimental study by Gerull and Rapee (2002), toddlers were shown a rubber snake and spider, which were alternately paired with either negative or positive facial expressions by their mothers. After a 1- and a 10-min delay, both stimuli were presented again while mothers maintained a neutral expression. Children showed greater fear expressions and avoidance of the stimuli after observing a negative reaction from their mother. Gerull and Rapee (2002) also noted gender differences in fear responses, with girls expressing greater fear than boys. While it is has been generally established that adult women report higher anxiety levels than adult males, there is a less established gender difference in anxiety rates in children this young (Gerull & Rapee, 2002). Furthermore, this gender difference was not evident in responses to the mothers' positive expressions, but only expressions of fear/disgust. When mothers responded with fear or disgust, girls showed greater avoidance of the toy than did boys. Gerull and Rapee (2002) explore possibilities for this including genetic factors, greater identification of girls with their mothers, or to more general cultural factors. This study raises questions about the unique and higher propensity for daughters to learn about avoidance from their mothers, in a way that sons may not (Gerull & Rapee, 2002). Since researchers have demonstrated the importance of examining anxiety transmission between mothers and daughters, it is important to explore this process more closely with qualitative data.

Another element of anxiety transmission is the reinforcement of anxious or avoidant behaviors in children by parents. Parents may support or reward children's anxious or avoidant behaviors (Rapee, 2002). This could present as a parent removing a child from an anxiety-inducing situation such as picking up a child up from school when they exhibit social anxiety about school. It could also present as a parent encouraging the child's avoidance of anxiety-

inducing situations, such as allowing them to stay home from an event they are nervous about. Finally, this could present as providing a child with special treatment or allowing avoidance of responsibilities to reduce anxiety-related distress (Fisak & Grills-Taquechel, 2007). These parental behaviors serve to comfort and soothe the child, but also can reinforce the child's anxiety, negatively and positively. Fisak and Grills-Taquechel (2007) note that, in addition to continuing these behaviors out of anxiety, children may continue to exhibit these behaviors to gain attention or comfort from parent and avoid feared situations.

In a retrospective quantitative study by Ehlers (1993), researchers used questionnaires to analyze parental encouragement of sick-role behavior related to panic symptoms (i.e., reinforcement of physical symptoms), including treatment seeking, dependence on others for care, and potential neglect of regular duties. Participants recalled more panic-related symptoms from their childhood as well as more parental reinforcement for sick-role behaviors when their panic symptoms occurred. Thus, parents may have reinforced these panic symptoms in their children. Another study, which sought to evaluate a family-based treatment for anxiety, included children indicating their interpretation and responses to a hypothetical social situation both before and after a family discussion (Barrett et al., 1996). After speaking with their parents, anxious children were found to have more avoidant responses, suggesting parental influence on their child's response to and interpretation of social situations. The researchers conducted a follow-up study with the same families and found that parents of non-anxious children were more likely to highlight positive elements of their child's solutions, while parents of anxious children were more likely to discourage non-avoidant responses and mirror their child's avoidant communication (Barrett et al., 1996). This phenomenon was dubbed the FEAR effect (Family Enhancement of Avoidant Responses). In a later replication of the FEAR effect paradigm, it was

found that maternal anxiety was associated with an increase in avoidant responses by anxious children after the family discussion (Dadds et al., 1996). These studies show the impact of reinforcement of anxious behavior by parents, as well as the role of modeling as an element in the development of anxiety in children. Social referencing theory provides a framework for understanding the processes that underlie social learning and modeling as they pertain to how children learn emotional regulation skills from their parents.

In a qualitative study by Caster, Inderbitzen, and Hope (1999) that examined the relationship between adolescents' and parents' perceptions of the family environment and their reports of social anxiety, adolescents experiencing social anxiety described their parents and family environments differently than did their parents. Adolescents who reported higher levels of social anxiety perceived their family environment and parents to be more isolating, less socially active, and shyer than adolescents reporting lower rates of social anxiety. Parents, however, did not differ in their perception of the family environment, between those who had socially anxious adolescents and those who had non-socially anxious adolescents. This could be due to parental lack of awareness of their anxiety-related behaviors or adolescent bias in impressions of their family due to their own experiences of anxiety (Fisak & Grills-Taquechel, 2007). Caster, Inderbitzen, and Hope (1999) highlight the need for more research focusing on children's perception of the familial experience and how anxiety may impact the perception of family dynamics and of oneself. Therefore, this study expands on the current literature to include not only daughters whose mothers were formally diagnosed with an anxiety disorder, but also those who are unsure of whether their mother had a diagnosis or those whose mother did not have a formal diagnosis. Specifically, this study explores the perception of the mother from the perspective of the child, centering on the daughter's internal experiences as a child.

Impact of Childhood Anxiety on Adulthood Functioning

Anxiety disorders are among the most prevalent childhood psychiatric disorders and tend to persist from childhood into adolescence and adulthood (Rapee et al., 2009). Some anxiety disorders, such as separation anxiety, tend to have an early onset in childhood, while other anxiety disorders have a later onset, such as social anxiety, which tends to begin in adolescence (Beesdo et al., 2009). Anxiety disorders beginning early in life can become chronic and are associated with a high probability of recurrence (Bruce et al., 2005; Letcher et al., 2012). Additionally, anxiety disorders in adolescence have been shown to predict an increased risk for anxiety in adulthood (Pine et al., 1998). The experience of childhood and adolescent anxiety has also been tied to negative psychosocial outcomes in adulthood, such as those described in a study by Essau et al. (2014), in which researchers found adolescent anxiety to predict poor total adjustment, poor adjustment at work, poor family relationships, family problems, lower life satisfaction, poor coping skills, more chronic stress, substance and alcohol abuse and dependence, and anxiety in adulthood. These studies demonstrate how the literature provides ample evidence for the negative impact childhood anxiety has for adults and specifically in regard to their own mental health outcomes. As such, it is vital to understand this transmission of anxiety from mother to daughter through a theoretical lens.

Cognitive Theories of Anxiety

One approach to understanding anxiety is to view it through the lens of cognitive theory. Cognitive theories of anxiety posit that somatic and affective symptoms of anxiety are caused and sustained by anxious thoughts. The cognitions and reasoning patterns employed by anxious individuals often include *information processing biases,* which are *"*deviations or distortions in information processing, which manifest in a tendency toward processing information in a way

that systematically favors particular conclusions" (Lester et al., 2012, p.756). Some models suggest that information processing disorders are present in all emotional disorders but, the content of the biases differs across disorders (Hardwin et al., 2006). Thus, information processing biases can be further broken down into specific categories, including interpretational biases, attentional biases, and memory biases (Hardwin et al., 2006; Hayes & Hirsh, 2007). Interpretational biases are an information processing bias in which one tends to "draw threatening inferences under conditions of ambiguity" (Hayes & Hirsh, 2007, p. 176. Attentional biases refer to "the systematic tendency to attend to a particular class of stimuli in one′s environment (e.g. certain events or information)" (Hayes & Hirsh, 2007, p. 176). Memory biases are information processing biases in which one "preferentially retrieves threatening information from memory" (Hayes & Hirsh, 2007, p. 176). The literature also identifies reasoning biases as a type of information processing bias, which are the inclination to search for information that confirms the fears one has (confirmation bias) and the tendency to overestimate the association between feared stimuli and adverse outcomes (covariance bias) (Muris, 2010).

There is research to support the presence of these biases in both child and adult psychopathology related to anxiety (Hardwin et al., 2006). Furthermore, the connection between maternal cognitive bias and child cognitive bias has been studied, including the potential for anxiety to be transmitted from mother to child via verbal or non-verbal communication of cognitive biases. Lester et al. (2012), investigated whether maternal anxiety is associated with information processing biases such as interpretation, attention, and catastrophic processing biases that signal potential threat in the mother's environment and well as whether maternal anxiety is associated with similar biases about child-related stimuli. It was found that maternal anxiety was significantly associated with a bias for threat interpretations of both self and child-referent

situations and was also significantly associated with catastrophic cognitions related to both a self-referent and child-referent hypothetical worry situation (Lester et al., 2012). When encountering potentially threatening stimuli in daily life, anxious parents are more likely to experience and express excessive anxiety. Therefore, it is useful to understand the verbal and nonverbal ways children may learn fear via environmental transmission in daily interactions with parents (Aktar et al., 2017).

It is possible that mothers communicate anxious cognitions to their children through explaining or signaling to their children that ambiguous situations are dangerous (Lester et al., 2009), thus teaching their children to also interpret ambiguity in a threatening way. Lester et al. (2012), had children complete two ambiguous scenario questionnaires, to measure their interpretations of ambiguous situations and their expectations of their mother's interpretation and behavior in ambiguous situations. Maternal and child anxiety were significantly correlated, with children who made threat interpretations also anticipating that their mother would disambiguate situations for them in a threatening way (Lester et al., 2012). Over childhood, such children may learn to perceive and interpret ambiguous situations as threatening, leading to anxiety symptoms and fearfulness. In addition to verbal communication regarding negative interpretations of ambiguous stimuli, parents can also communicate fear via non-verbal cues, such as through social referencing.

Social Referencing

Bandura's Social Cognitive Theory of Social Referencing (1992), explains how infants and children use the reactions of others to understand ambiguous situations and to guide their own behavior. One of the most well-known studies related to social referencing and children is Albert Bandura's 1961 Bobo doll experiment, in which children viewed different groups of adult

behavior – one aggressive, one non-aggressive, and one with no modeling- interact with a toy doll. Children who viewed the aggressive adult models exhibited significantly other scores of aggressive behavior when they were given the doll to play with (Bandura, 1961).

A study by Aktar et al. (2014) investigated the link between parental anxiety and toddler fear/avoidance during social referencing situations using observational tasks, including a stranger and a remote-control robot in social referencing with each parent. Researchers observed the children's fear and avoidance, as well as parents' expressions of anxiety, encouragement, and overcontrol. Aktar et al. (2014) found that toddlers of anxious parents showed more fear/avoidance in social referencing situations than toddlers of parents without anxiety disorders, with behavioral inhibition predicting toddlers' fear/avoidance only with mothers at 12 months of age.

Another study by Moller et al. (2014) examined the influence of paternal and maternal social referencing signals on child anxiety. In this study, children were asked to read scripts of ambiguous situations, during which the mother/father would signal anxious or confident behavior. After this the child would indicate how anxious they would feel in such a scenario. This was tested for both social and non-social situations. Researchers found that children displayed more anxiety related to scripts in which the parent acted anxious than to those in which their parent acted confident (Moller et al., 2014).

In a 2008 study by Murray et al., researchers examined infant responses to an unfamiliar adult in a social referencing paradigm, both with infants of mothers with social phobia, as well as infants of non-anxious mothers. In this study, a female stranger would first interact with the mother and then with the infant. Infants of mothers with social phobia exhibited avoidance of the

stranger, which was predicted by expressions of maternal anxiety and low levels of encouragement to interact with the stranger.

Through affective signaling infants and children use adult facial expressions as information in understanding ambiguous situations and their safety in situations with unknown individuals. Infants and children are generally able to determine danger in clearly defined situations but utilize social referencing particularly in ambiguous situations. Affective modeling serves a *vicarious arousal function,* in which the parental expression of emotion can activate emotional arousal in the child, as well as a *vicarious acquisition function*, in which children learn to fear the things that frighten their parents, dislike what they dislike, and to like what they liked (Bandura, 1992). In addition to this, affective modeling serves a *predictive regulatory function*, through which affective displays of models can be used by observers as highly informative guides for action, based upon the connection between model affective display and positive or negative outcome. The issues comes when a model's affective displays do not predict outcomes due to cognitive bias related to anxiety. In the case of this study, the model of these non-congruent affective displays would be the mother who is impacted by cognitive bias due to anxiety. Finally, the *self-efficacy and controllability function* of social referencing can convey information that can change the child's judgement of their own personal efficacy, based upon the model's displayed beliefs about their own self efficacy and controllability.

Self-efficacy and controllability function

The *self-efficacy and controllability function* is of particular interest in the way it can facilitate or undermine children's coping skills, thus their ability to manage personal anxiety as a child and throughout the lifespan. This sense of self-efficacy is based on four principal sources of information: "*enactive mastery experiences, vicarious experiences* for judging personal

capabilities from success and failures of similar others, *verbal persuasion* and allied types of social influences that one possessed certain capabilities, and reading of *physiological states* which people partly use to judge their capableness, strength, and vulnerability to dysfunction" (Bandura, 1992, p. 195). Of these, the most relevant to intergenerational anxiety transmission is *vicarious experiences* for judging personal capabilities from success and failures of similar others, while the others can play a part in the maintenance of anxiety once it has been established. Bandura (1992) writes that one's understanding of their own efficacy is not based upon comparisons in performances, but rather based upon perceived similarity to models in areas that an individual believes to contribute to the model's performance. In order to be an effective model for judging personal capabilities, the model must be seen as similar to self. Within the family, there may be varying levels of similarity between members, which can in turn affect how children perceive their parents as models of capability for themselves. Therefore, we may find that the daughter who identifies closely with her mother may be more affected by her mother's anxiety than the daughter who does not identify closely with her mother.

Observers can also be affected by viewing others' mastery and overcoming of difficult tasks. Bandura identifies two key factors of coping modeling 1) models display less fear and they go on with the task, and 2) models demonstrate coping skills to deal with stressful situations. Similar to how anxiety can be modeled both verbally and non-verbally, models can exhibit coping strategies in their behavior as well as vocalizing their thoughts about how they cope with the situation. Social referencing can provide a theory of the transmission of anxiety from mother to child, therefore this study will provide rich data into this process and how it can contribute to the development of anxiety in children.

Statement of problem

The prevalence of anxiety, particularly among women, is high and continues to increase (Blumenthal et al., 2011). In homes with anxious parents, parents may model fear and verbal threat information to their children, which can encourage the development of these behaviors and cognitions in their children (Aktar, 2022). As children develop cognitively, they may gain reasoning skills that mitigate parental influence related to anxiety (Muris, 2010), however other children may internalize and continue to work out of dysfunctional schemas that lead to anxiety symptoms. Anxiety within the family system has been shown to have negative mental health outcomes for children (Cohen et al., 2011; Lee-Feldner, et al., 2011; Nomura et al., 2002; Weintraub, 1984). Anxiety disorders beginning early in life can become chronic and are associated with a high probability of recurrence (Bruce et al., 2005; Letcher et al., 2012). Additionally, anxiety disorders in adolescence have been shown to predict an increased risk for anxiety in adulthood (Pine et al., 1998). The experience of childhood and adolescent anxiety has also been tied to negative psychosocial outcomes in adulthood, such as poor adjustment at work, poor family relationships, family problems, lower life satisfaction, poor coping skills, more chronic stress, substance and alcohol abuse and dependence, and anxiety (Essau et al. 2014).

While the above research studies provide vital information about the impact of maternal mental health on the mother-daughter relationship dyad, the research fails to provide qualitative data concerning the experiences of maternal anxiety. By retrospectively interviewing women about their experiences growing up with a mother who exhibited symptoms of anxiety, we can collect rich information about the kinds of behavior they observed, the cognitions they internalized, and the long-term effects of these on their adult wellness.

Significance of the Study

Anxiety is a common reason for seeking mental health treatment and is a common focus of therapy. When, through treatment or through personal work, parents or children learn how to identify information processing biases and adopt more helpful cognitions, anxiety symptoms are generally reduced (Cowart & Ollendick, 2010; Hutton et al., 2018). When parents or children learn how to identify information processing biases and adopt more helpful cognitions, anxiety symptoms are generally reduced (Cowart & Ollendick, 2010; Hutton et al., 2018). If parents experiencing anxiety disorders can attend to their own unhelpful cognitions, their children may have different outcomes than those whose parents' anxiety remains untreated and to whom anxiety is transmitted intergenerationally. This study provides valuable and rich information about the transmission process that can help practitioners in working with individuals and families who have experienced or are experiencing anxiety within their families.

Purpose of this study

The purpose of this qualitative, transcendental phenomenological study was to explore the lived experiences of being raised by a mother. A mother with anxiety can influence their child's development of a healthy information processing and coping skills (Aktar, Nikolic, & Bogels, 2017). Despite an abundant amount of research addressing anxiety transmission from parent to child, there remains a gap in qualitative knowledge regarding how maternal anxiety is transmitted to adult daughters of anxious mothers. The present study sought to examine adult women and their experience with their mothers' anxiety because, according to Gerull and Rapee (2002), maternal modeling of anxiety significantly influences how daughters acquire fear and avoidance behaviors. Furthermore, Aktar (2022) explained how information processing biases related to threat have been shown to cause the development of anxiety, as well as aid in its

maintenance. Cognitive biases have also been proposed as a mechanism in the intergenerational transmission of anxiety (Creswell, 2010). This study focuses on adult daughters' experiences growing up with anxious mothers and specifically focus on the the adult daughters' experiences with their mothers' communication about their own anxiety and how this variable may have affected their own coping strategies.

Summary

For the children of parents who exhibit symptoms of anxiety, the long-term effects of anxiety on their upbringing can be significant and enduring. Maternal anxiety can adversely impact children's ability to cope with uncertainty through the modeling of anxious interpretations of ambiguity. The research on anxiety transmission points to a link between parental and child anxiety, but there is a need for more research to elucidate the specific processes in this link. Using principles from Bandura's Social Cognitive Theory of Social Referencing as well as other cognitive theories of anxiety this study builds upon the literature to explore the lived experiences of women about their experiences growing up with a mother who exhibited symptoms of anxiety through retrospective interviews. By this, information about the kinds of behavior they observed, the cognitions they internalized, and the long-term effects of these on their adult wellness were collected. This study provides information that can help adult daughters of mothers with anxiety understand how their early experiences may have influenced their current anxious thoughts and feelings, as well as provide information to support treatment planning and clinical interventions used by clinicians in working with female clients who are grew up in homes or are currently living in homes where anxious affect, cognitions, and behavior are modeled.

Chapter 2: Methodology

This study focused on adult daughters' experiences growing up with anxious mothers, exploring their experiences both with their mothers' and their own anxiety. This study examined the adult daughters' experiences with their mothers' communication about their own anxiety and with anxiety themselves. In this chapter, I will review the methodology used, participants, data analysis, and procedures for the study.

Research Questions

Q1: What are the lived experiences of adult daughters of mothers with anxiety?

Q2: What are adult daughters of mothers with anxiety later experiences of their own anxiety?

Q3: How did daughters of mothers with anxiety experience communication about anxiety from their own mothers, particularly in their attention and interpretation of perceived threats?

Description and Rationale of Qualitative Design

This study employed a qualitative approach. Qualitative research is primarily concerned with understanding human experiences in a holistic and humanistic manner (Jackson, et al., 2007). The goal of this kind of research is to provide rich descriptions of the experiences of those participating in the study (Ponterotto, 2006). Qualitative methods also employ "thick rich descriptions" involving intentionality to one's behavior in understanding and absorbing the context of the situation or behavior. Researchers can capture feelings, desires, symbols, interpretations, and other subjective components, referred to as "life-worlds" (Berg and Lune, 2013). Through exploring the stories of women, rather than collecting numerical data, we were able to more fully grasp their experiences growing up with mothers who have anxiety and identify common themes in their experiences that provide more information on this phenomenon.

Phenomenology

For this study I employed a transcendental phenomenological approach to collect, organize, and analyze the data. Phenomenology is concerned with finding and revealing the "essence" or "essential structure of the phenomenon being studied" (Morrow, Rodriguez, & King, 2015). Phenomenology is valuable in family therapy research because of its focus on everyday family processes that affect the inner worlds of the members. Phenomenological family therapy research is based upon several basic assumptions: (1) knowledge is socially constructed and therefore inherently tentative and incomplete; (2) objects, events, or situations can mean a variety of things to a variety of people in a family; (3) we can know through both art and science; (4) common, everyday knowledge about family worlds is epistemologically important; (5) language and meaning of everyday life are significant; (6) as researchers, we are not separate from the phenomena we study; and (7) regardless of the method, bias is inherent in all research and is not necessarily negative (Boss et al., 2005). This kind of research is particularly useful in understanding the experience of a particular group, in the case of this study — experiences of daughters of anxious women. These basic assumptions of phenomenological family research are suited to a phenomenological design in order to examine the experiences of daughters who grew up with an anxious mother and better understand this phenomenon from their childhoods.

Transcendental Phenomenology

Transcendental phenomenology strives to explores the commonalities of lived experiences, by setting aside preconceived notions of the phenomenon of study (Husserl, 1931). While interpretive phenomenology focuses more on the context and meaning surrounding a phenomenon, transcendental phenomenology seeks to identify the themes within an experience and to not apply interpretation to the phenomenon of study. Transcendental phenomenology

searches for the “essence” of an experience, apart from biases that may impact the understanding of the phenomenon (Matua & Van Der Wal, 2015; Moustakas, 1994). This methodology allows for the study of lesser-known or lesser-studied phenomenon, thus is an appropriate methodology in this study related to a specific lived experience of young women. Additionally, this methodology aligns with the researchers’ paradigmatic commitments of understanding this phenomenon through the lens of those who have had this lived experience by collecting their stories directly (Creswell, 2014; Moustakas, 1994).

Paradigmatic Commitments

Within qualitative research, it is critical that the researcher establishes their paradigmatic commitments in order to ensure the validity of the study (Tracy, 2010). The epistemological view of the researcher is a social constructivist, holding the belief that knowledge is co-produced through understanding the lived experiences of participants through communication about their lives (Creswell, 2014; Creswell, 2017). Because of this, semi-structured interviews were in line with the paradigmatic commitments of the study. This allowed both the participants and researcher to participate in the creation of data and the knowledge created through the research process. The ontological view of the researcher was that the participants in this study are the experts in their experiences and thus the phenomenon of study. As such, this study utilized member checking, so that participants may have the opportunity to check that the research represents their experiences to audiences. Finally, the researcher’s axiology in this study was that there is value in understanding the lived experiences of women who grew up in home where a parent, particularly a mother, was impacted by mental health difficulties (Creswell 2017). The co-created meaning and understanding created through this phenomenological inquiry may help

to inform clinical practice, counselor education, and assist clients who have experience a similar phenomenon.

Reflexivity Statement

I approached this study as a woman who grew up with a mother who experienced a mood disorder. I have also seen clients who have had similar experiences to me in this way. It was important to this study that I am transparent, since I am the primary instrument for methods, data collection, and analysis. Throughout the study, I had to acknowledge my personal biases and attend to how I conceptualized and approached participants in the study. Because of this, I engaged in reflexive journaling throughout the process to bracket my own feelings and experiences from those of my participants. My belief is that children pick up anxious thinking patterns from their parents via verbal and non-verbal communication. While I do hold these opinions, I wanted to be open to every woman's story who participated in my study and represent their experiences accurately and in a way that honors them in my research.

Epoché

In alignment with these paradigmatic commitments and the tradition of transcendental phenomenology, the researcher collected data from communication with participants about their lived experiences and engaged in Husserl's epoché in order to bracket personal assumptions, preconceived judgments, and set aside previous knowledge (Giorgi et al., 2017; Moustakas, 1994). To achieve this, the researcher engaged in several practices to enhance the rigor of the study and ensure trustworthiness and credibility of findings (Creswell, 2014; Tracy, 2010). The researcher engaged in reflexivity by reflecting on personal beliefs and experiences prior to the research process and throughout the process by engaging in reflexive journaling to understand and remove subjective biases that might interfere with the collection and analysis of data (Berg,

2012; Tracy 2010). Additionally, the researcher maintained an audit trail throughout the project to document research decisions and activities (Creswell, 2014).

In addition to the personal reflection and internal processes in the study, the researcher also used external processes to maintain rigor and trustworthiness in the study. The researcher will engage in both thick description and member-checking to ensure participant experiences and stories are accurately depicted, in a way that is representative of the participants' true voice and experiences are portrayed correctly through their language and lens. By including descriptions of the interview and interpretation process, thick description can provide an affective experience to readers that more fully portrays the experiences of participants (Schwandt, 2015). Member checking was completed at the end of data analysis in order to ensure that participants feel their experiences were well represented and researcher bias had not influenced the collection, analysis, or reporting of data. The interpretation of data and the themes created from the participants was be provided to all participants prior to the completion of the study, so participants can provide feedback on the study.

Procedure

Participant Sampling and Recruitment Techniques

Purposeful sampling was used to select participants who are 1. Cis-gender women, 2. Ages 19-65, 3. Who identified their mothers as having exhibited symptoms of anxiety when they were young, 4. Who identified themselves as having experienced anxiety themselves. Purposeful sampling allowed the researcher to recruit participants who had the specific identity and experiences that were of interest in this study. I recruited participants from a university in the southeastern United States, from online forums and social media groups related to anxiety, as well as by sharing on my personal social media. In a literature review of social media use for

research participant recruitment, it was found that the preferred social media platform for recruitment include Facebook, Instagram, Twitter, Reddit, and Tumblr. Facebook was found to recruit both younger and older participants, while Tumblr was used to recruit younger populations. Additionally, social media was found to be effective in reaching hard-to-reach populations such as those with mental health conditions, when compared to more traditional methods of recruitment (Darko et al., 2022). All emails and flyers for participant recruitment included my name and my university email address where potential participants can contact me directly to ask questions about the study. Participants were asked to fill out a demographic questionnaire and screening questions to assess if they meet the pre-established inclusion criteria for the study and to collect their contact information. The link to this survey was on the recruitment materials for individuals to access if they are interested in participation. The goal of most qualitative research is to reach saturation, at which no new themes appear or develop (Tracy, 2019). The number of participants needed to reach saturation can be challenging to predict before collecting data (Sim et al., 2018; Schwandt, 2015). However for the purposes of this study, I strived to collect a minimum of twelve interviews based upon Flynn and Korcuska's (2018) recommendation that phenomenological studies must include between 5 and 25 participants.

Institutional Review Board Processes

Researchers take the responsibility of ensuring ethical practices by informing participants of any risks associated with participation, utilizing an appropriate design to the methods, procedures, and analysis that responds to the research questions, and acknowledging those who contribute. Before the start of my study, the Institutional Review Board reviewed all components to ensure ethical compliance. Recruited participants were provided an information letter before

receiving a demographic questionnaire. The information letter provided the purpose of the study, participation, rights, procedures, and any risk associated. Participants reviewed, signed and dated an informed consent form before the interview.

Data Collection

The primary source of data collection for this study was semi-structured, individual interviews on Zoom in a confidential setting of the researcher and participants choosing. There was a disadvantage in conducting telephone and Zoom interviews because I was not able to observe participant body language, however utilizing telephone and Zoom interviews allowed the research to reach samples beyond the local area and avoided personal costs related to travel for the participant and researcher. Participants were informed prior to the interview that the interviews would last between 30 and 60 minutes. Participants were assigned a pseudonym for confidentiality purposes prior to beginning the interview. They took a demographic survey which collected information on the age and race of participants. As a part of the interview protocol, participants were given informed consent in the introduction and given an information letter with details of the IRB approval, confidentiality, and ability to withdraw data before de-identification. The interview used in this study consisted of fifteen open-ended questions, allowing for flexibility to explore any additional experiences introduced by the participants. Questions focused on the woman's experiences with her mother, her experience with her mother's anxiety, and her own emotions and thoughts related to anxiety throughout the lifespan. The questions in the interview protocol were developed based upon the literature related to anxiety and social referencing, including literature related to communication of anxiety from parent to child both verbally and nonverbally. After each interview, participants were given the opportunity to add any further information that they believe may be relevant to their experiences. Once interviews

were transcribed, all information was securely uploaded to the Auburn University Box online storage system and were labeled with the corresponding pseudonym.

Data Analysis

The goal of data analysis in transcendental phenomenology is a rich and full understanding of the lived experiences of the participants related to the phenomenon of study. More specifically, thematic analysis is used to identify and analyze themes within the text. I conducted a thematic analysis of the interviews by (1) familiarizing myself with the data, (2) generating initial codes, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes, (6) producing the report (Braun and Clarke, 2006). Moving through these steps allowed me to create a rich depiction of the lived experience of participants.

After producing the report, I returned the data to the participants to ensure that it accurately described their experiences. According to Birt et al. (2016), member checking is a validity technique used to ensure data is accurately obtained during interviews in the data collection stage. Participants in this study received a emailed summary of their written transcribed interview questions and responses so that they had the opportunity to review the information for the accuracy of their experiences. After analyzing the data, I sent out a report of identified themes to participants to ensure the analysis represents their experiences. I explained the process of member checking, how to engage in such, and how to return the document back to me through email.

Establishing rigor

Credibility of a study can be demonstrated through debriefing, prolonged engagement, persistent observation, and audit trails (Tobin & Begley, 2004). A field journal was kept in order to document research interactions and personal reactions and enhance self-awareness (Koch,

2006). An audit trail was maintained throughout the research process to document the details of the process (Creswell & Miller, 2010). The audit trail was stored in Box, a three-factor authenticated system. As previously stated, I also engaged in member checking in order to confirm the accuracy of my results.

By engaging in the above practices, the rigor of this study was demonstrated by showing the credibility, transferability, and dependability of the study. Ethical and appropriate sampling also added to the transferability, credibility and dependability of the study, in addition to the record keeping, audit trails, field notes, and personal journals.

Summary

In this chapter, I presented the research design and methodological choices for this study. I also discussed the procedures that were used to collect data for this phenomenological study on how experiences associated with being raised by a mother who exhibits symptoms of anxiety affected women in childhood and now as adults. Additionally, I addressed ethical concerns and data collection methods. Next, I will further discuss the research setting, demographics of participants, trustworthiness of the study, and present an in-depth thematic analysis.

Chapter 3: Findings

Participant Descriptions

During this research, eight women completed interviews about their experiences being raised by a mother who exhibited symptoms of anxiety and about their own experiences of anxiety. These participants were located across the United States and had a variety of cultural and family backgrounds, as well as experiences with anxiety in their own lives and as observed in their mothers' lives. The following is a brief description of each participant, including their family background as identified in their interview.

Camille is a twenty-year-old woman who was raised in a small town in a large family. She describes her relationship with her mother as close and described that her mother was very open about her own mental health and anxiety. Camille described her mother modeling coping skills and discussing her own feelings openly with her while holding appropriate boundaries with what she shared with her when she was a child.

Ansley is a twenty-four-year-old woman who identified her family as supportive but experienced a lack of communication from her mother about her anxiety. She shared about her mother's hospitalization and suicide attempt and her thoughts and emotions around this when she was young. Much of the family communication she discussed came from her father, who would often talk to her about what was occurring with her mother.

Danah is a thirty-eight-year-old woman who grew up in a Middle-Eastern country with a strong network of extended family. She described her mother's anxiety as presenting primarily as irritation and anger, rather than as fear or nervousness. She experienced anxiety around academics and fear of disappointing others when she was a child and did not have any communication with her mother about anxiety when she was growing up.

Sydney is a twenty-eight-year-old-woman who grew up in a military family and is now in the military herself. She described a close relationship with her mother, a well as family stress relates to medical issues her mother faced and panic attacks she would witness her mother having when she was a child. Once seeking help for her own anxiety, as an adult, her mother confided in her about her own experiences with anxiety.

Denise is a thirty-two-year-old woman who is a second-generation immigrant raised in a multigenerational home. She described family stress due to grief and loss and had a close relationship with her mother. She described her mother's anxiety as presenting as irritability and anger. She shared about a lack of communication around her mother's anxiety when she was a child and a later realization that what she had observed was anxiety.

Naomi is a twenty-six-year-old woman who grew up in a close-knit family, many members of which had mental health concerns. She described her childhood as hectic and uncomfortable at times and shared about her mother's hospitalization when she was a child. Her mother was open about her experiences with anxiety, which she later bonded with her mother over when experiencing anxiety of her own. She also shared about her mother modeling coping strategies for her when she would be anxious herself.

Melody is a twenty-seven-year-old-woman who grew up in a small town with close relationships with her immediate and extended family. She described family stress related to her own medical concerns and her father's medical concerns. She had a close relationship with her mother and was aware when her mother was anxious but did not have overt conversations with her about this until she was older and experienced anxiety of her own.

Sylvia is a thirty-eight-year-old woman who grew up in a small town and whose mother was a homemaker throughout her childhood. She shared about family stress due to caretaking

and her mother's hospitalization due to anxiety. Her mother did not communicate about her anxiety with her, but she was aware of it due to nonverbal cues and symptoms she observed as a child.

Themes

Each of the women selected to participate in this study completed an interview lasting between 45 to 90 minutes with questions aimed to capture the experience of these women related their childhood experiences of growing up with a mother with anxiety and their own experiences with anxiety. The interviews conducted and data analysis were completed to answer the primary research question of this study: What are the lived experiences of adult daughters of mothers with anxiety? Additionally, the interviews and data analysis sought to answer the two sub-questions asked in this study: What are adult daughters of mothers with anxiety later experiences of their own anxiety and how did daughters of adult mothers with anxiety experience communication about anxiety from their own mothers, particularly in their attention and interpretation of perceived threats? Through the completed inductive and deductive coding processes, six themes emerged to understand the essence of these women's experiences with their mothers and with their own mental health. Different themes spoke more specifically to some research questions, rather than others. This which will be specified throughout the results for each theme. The six identified themes are 1) Family Stress, 2) Self Blame and Desire to Fix, 3) Daughter Sensitivity to the Feelings of Others, 4) Process of Understanding Mother's and Own Anxiety, 5) Maternal Modeling of Coping, 6) Compassion for Mother in Adulthood.

Family Stress

The first theme that emerged from the data was the role of family stress and the impact of external factors upon the mother's mental health and the family system as a whole, which

emerged in every interview conducted in this study. This theme spoke specifically to research questions, “What are the lived experiences of adult daughters of mothers with anxiety?” and “How did daughters of adult mothers with anxiety experience communication about anxiety from their own mothers, particularly in their attention and interpretation of perceived threats?”. In each woman’s account of her experience within her family and specifically related to her mother, she shared about the context within which their mother faced anxiety. These stressors included medical stress, financial stress, caretaking responsibilities, grief and loss, military-related stressors such as deployments, and lack of social support. The women in this study spoke of how they observed the impact of these stressors on their mothers and how this in turn affected them. The women discussed understanding these stressors through observations of their mothers and family and through verbal communication from members of their family.

Several of the women discussed how medical stress and trauma impacted their families. When discussing how she began to realize her mother was experiencing anxiety, Sydney attributed the beginning of her mother’s anxiety to medical issues following an injury:

> My mom got out of the military because she broke her back on active duty. And I would say that’s probably when I started noticing what I now know to be anxiety within my mom. After she got out of the military, our life changed very drastically, because that’s all my parents had really known.

This event was impactful to her mother’s mental health and served as a marker in her mind as to when she began to notice a decline in her mother’s functioning. Another participant spoke of their own medical difficulties and the impact this had upon her mother. Melody explained the stress she witnessed her mother experience due to her illness as well as her father’s illness:

> When I was really sick and when my dad got really sick, she was, kind of, you know, anxious of, "what am I gonna do if we lose _____? What am I gonna do if we lose _____?" You know, "I've got to be strong for both my girls", you know, "and kinda show them that it's going to be okay no matter what happens". But just kinda really seeing her through that of, "Holy crap. Like, what are we going to do? Like, I know we'll be fine, but, really, what are we gonna do, and how am I gonna be able to, you know, be there through them and kind of get them through it as well as me kind of getting through it".

The uncertainty caused by medical issues served as a impactful stressor in these family's lives, contributing to increased anxiety for the mother's as well as the rest of the family system.

Financial stress was another commonly discussed factor within the participants' memories of their upbringing. Sydney described the impact of financial stress upon her family and her mother's mental health:

> Growing up, my family was very poor, and especially when we moved in with my grandparents, I remember my mom telling my dad that she felt like a failure in life because she had 2 kids, and she couldn't afford to take care of them, and that she, like, felt washed up because she got medically discharged from the military and she didn't have a degree.

The financial stress contributed to her mother's sense of self and led to increased anxiety when combined with other family stressors, previously discussed, such as medical stress. Other factors came up when discussing financial stress which the participants viewed as contributing to the financial strain. Melody spoke of the financial impact of divorce on her mother and the changes that her family had to make after her parents divorced. She said, " [after the divorce], the town where we I grew up was very expensive to live in even back then and my mom couldn't support

us on basically one income." Since finances are tied to so many elements of family life, changes such as moving, death, birth, and divorce have the added impact of potentially change in a family's financial status and adding to overall family stress.

Some of the participants gave examples of family stress related to their mother's role as the primary caretaker in the home. Since women are often the primary caretaker for children and older relatives, mothers often inhabit this role which can add to overall stress. Sylvia observed the impact of this upon her mother:

> She worked at that time, so working outside the home and then still having duties within the home. My dad cooked about half the time probably and helped, like, keep the house picked up and clean, but I think she still tried to take on most of that. About that same time, my brother actually had his first child…And they actually had to move in with us. And so that was kinda stressful because then I think she was having to take care of them and having to take care of the baby, you know, help with the baby or whatever.

In this case, her mother maintained work outside of the home in addition to her roles taking care of her children and grandchildren, which Sylvia saw as disproportionate to her father's caretaking responsibilities in the home. Naomi observed similar dynamics in her home, in which her mother was primary caretaker for an older brother who had significant mental health challenges. She described this saying, "he has a lot of struggles that she had to take care of so really just being the primary caretaker was anxiety inducing."

Another contributor to family stress that came up in interviews was grief and loss. Grief and loss can serve as a catalyst for anxiety, such as in the case of Sylvia, who began to realize that her mother was experiencing anxiety when she was in middle school when her grandmother, her mother's mother, passed away. She said "when I was in elementary school, she had to take

care of her mom for a while. And, then she passed away, and there was just a lot of stress on my mom. And after that, she didn't cope the best". Denise also spoke of seeing the impact of grief and loss on her mother's mental health:

> My mom had me relatively young. I lived in a house that had multiple generations. My father was, like, recently incarcerated…And then when I was about 8 or 9 years old, my grandmother passed away. So my mom's mom. Um, and that created a lot of…. I mean, you know, she had cancer, so she was, like, basically slowly deteriorating, but before my eyes and my mom's eyes. So there was a lot going on.

Family absence such as incarceration or deployment also contributed to a sense of loss or grief. One participant spoke of the role of military culture in her family and the impact of deployment upon her family's functioning:

> My mom was deployed uh, when I was younger, so it was pretty much like me and my dad. I remember, like, my dad teaching me how to tie my shoes, and he did it very badly, you know? And I remember my teachers used to fix my hair when I got to school because I would have, like, lopsided ponytails because it was a dude trying to do a little girl's hair. But that kinda comes with, like, the aspect of military.

These changes in family stress were felt by the participants as young girls, in their own experiences, as well as in the ways they saw their mothers experience changes in relationships and support. Several women spoke of social support as a protective factor in their mother's lives, while others described how they observed a lack of social support contribute to increased anxiety for their mothers and themselves. Danah described the lack of social support her mother experienced, moving to a new country and away from family, saying:

> we lived far from our family, whereas all her sisters and her friends have each other, you know, like back home. We believe it very much takes a village and you're always around your village. I'm like, maybe it's because we're far away. And I remember that being my explanation for it". Living far away from family can add to a sense of isolation and contribute to a feeling of lack of support which adds to overall stress.

In addition to the context of family stress that often contributed to anxiety within the household, some women told of how family stress was exacerbated by mental health concerns within the home. Many participants had specific, vivid memories of times in which their mothers exhibited severe anxiety which was observed by the entire family:

> I remember we were sitting at dinner one night, and I don't remember what happened, but I remember my mom got really upset, and she like ran out of the house, and it was thundering, and it was storming outside, and she, like ran out of the house and got in the car and drove away. And I at the time, you know, I didn't have like the word anxiety or anything like that, but I knew something was wrong, and Mom was really upset and, like my dad was like, "Be still, be good, like I'm going after her."

In cases such as these, family stress was increased by moments of extreme anxiety which other members of the family struggled to respond to. Ansley spoke of the ways her father attempted to navigate these moments with her:

> I think my dad was sharing that information with me, 'cause he could see that I like, was confused, or was afraid, or whatever, like he recognized that I was being impacted by it. And so he would initiate those conversations with me about what my mom was going through, because she didn't want to talk about it.

Sydney discussed living in a small home, in which she said, “me, my mom, and my dad, and my sister all shared a room”. Because of this she would often witness her mother have panic attacks and would see her father attempt to calm her down:

> She used to cry, like, hysterically to the point where my dad, like, would give her, like, a pillow so she could, like, put it over her face and, like, basically control her breathing better. But that was probably the first time I ever saw my mom experience, like, deep anxiety like that.

In addition to observing maternal anxiety, other participants spoke of their experiences within a family in which multiple members had mental health needs. Naomi spoke of the experience of having multiple family members with mental health concerns, saying “Most of my family has mental health disorders or struggles with mental health. So my home life was very hectic, unstable. Uncomfortable at times. Anxiety inducing.” These factors contribute to an overall sense of unease in the home and an environment which is conducive to anxiety for both mother and daughter.

Self-Blame and Desire to Fix

The second theme that emerged across not all, but a majority of interviews conducted, was participants’ memories of desiring to fix uncomfortable or painful situations in their childhood and feelings of self-blame related to their mothers’ anxiety. This theme spoke specifically to the research questions, “What are the lived experiences of adult daughters of mothers with anxiety?”, “What are adult daughters of mothers with anxiety later experiences of their own anxiety?”. Many of the participants described memories of feeling as though their mother’s anxious symptoms were their fault or as if they had done something to cause their mother to be upset. This often led them to feel anxious themselves. Ansley described these

feelings, saying “for a long time I thought that I was making my mom upset, and so like, if I made a bad grade at school, or had trouble with a friend at school, or didn't clean my room, or any of these things which I mean could be a stressor on my mom. At the time I thought that was what was making her…. That was like I was not being good, or I was not doing what I needed to do, and that's why she was upset”. Similarly, when Sylvia’ mother would isolate herself in response to anxiety, she said she “would always wonder, like, if I did something wrong. And, like, how could I fix it?” Participants spoke of these feelings of self-blame as almost exclusively as being accompanied by the desire to fix the problem, such as when Naomi said “I think I would then get anxious and be like, ‘Is she okay? How can I fix it? Am I, you know, inducing the anxiety? What can I do to help it?’ Participants often described feelings of self-blame accompanied by problem solving behaviors or thinking in relation to their mothers’ symptoms.

Many participants described specific steps they would take to attempt to make their mothers feel better, Danah described her thought process as a child as, “I just wanted her to kind of calm down like I'm like, “What can I do?” Can I like…. maybe I should go clean my room better, or like, do something that would make her happy.” Activities such as cleaning, doing homework, or obeying parents were identified as methods daughters used to attempt to please their mothers. Sydney described the ways she attempted to “make her happy”:

> I remember even when I was a kid, I knew as soon as I got home from school, like, what kind of mood my mom was in. And I remember whenever she would be upset or mad or something like that, I would always try and, um, ask her for, like, help with homework or, like, ask her if she could, like, go outside and ride bikes with me. You know, like, silly kid things.

She later stated, “whenever my mom was sad or, like, she'd be crying, I would snuggle with her, um, and that seemed to make her feel a little bit better.”. In her case, she would attempt to help her mother regulate by connecting with her or spending quality time with her. Other daughters struggled to find a solution to their mother’s distress and felt confused of what to do. Danah provided insight into this:

> You know, I would pick up that energy, and I wouldn't know what to do. Like, it would I would be it would make me kinda tense, and then, like, I would I just could feel myself like, shift. Is there something I can do to make her feel differently? If I do something and it's the wrong thing, that'll make things worse. So should I go away? But then she'll be upset that I'm not doing something.

The feeling of not being able to solve the problem was often described as creating anxiety for these young girls. Camille described feeling frustrated that she could not make her mother feel better. As the oldest sibling, she felt she should be able to make things okay and said she usually could with her siblings, such as times where “Oh, the toy is broken. Let me go get some duct tape and tape it back.” However, in the case of her mother, she said “I couldn't… I couldn't, you know, make them not divorce, you know. I couldn't do whatever to you know, make her not be anxious, you know…. Solve the problem. So yeah, it would frustrate me”. Others acknowledged feelings of indebtedness to their mothers, since they had been a support for them. Melody described this sensation:

> What can I do? You know, my mom has done so much over the years. What can I do kind of to make my mom feel less anxious in this moment? Um, what can I do to kinda help my mom, you know, like, she did all, you know, the years before? What can I do, like, to help my mom not feel so afraid and not feel so worried?

Even for participants who did not overtly feel that they were the cause of their mother's distress, many internalized messages that if they would just be small, quiet, or good enough, that they could fix the situation and make everything safe. Denise described that She "picked up a lot of things were not explicitly said to me." Specifically, she felt the message with her family was, "Don't ask for too many things. Don't… just don't take up too much space." She described these messages feeling connected to the "pressure" she witnessed her mom under, feeling like "I'm messing up. I'm taking up too much space. I'm doing too many things wrong." For participants who felt uncertain of the cause of their mother's distress or for whom there was a lack of communication from their mothers about the cause of their distress, they described feeling like they could not ask questions. Sylvia described this, saying "She didn't talk about it much... I learned I just not asked too many questions." Danah also acknowledged these feelings and the way in which she coped. She said "honestly, my coping mechanism with anxiety, was just to be super super good like, be a good kid and don't push back or disrupt." For her, these feelings became overwhelming, even leading to suicidal ideation at times. At these times, she remembers "thinking like, I just wanna die like I just don't wanna be here. You would be better off without me because I thought it was me. That was the problem that was making her so anxious." When anxiety was present but there was a lack of commutation about it, daughters often attributed the cause of their mothers' stress to themselves, leading to feelings of walking on eggshells and fear of messing up.

Daughter Sensitivity to the Feelings of Others

The third theme that emerged from the data was an increased sensitivity to the feelings of others that was described by a majority of participants in the study. This spoke to all of the research questions presented in this study, "What are the lived experiences of adult daughters of

mothers with anxiety?, “What are adult daughters of mothers with anxiety later experiences of their own anxiety?” and “How did daughters of adult mothers with anxiety experience communication about anxiety from their own mothers, particularly in their attention and interpretation of perceived threats?”. The women interviewed in this study often described a heightened awareness of the feelings of their mothers, as well as of others in their lives. Participants recalled several nonverbal cues they used to predict their mothers’ moods. Denise identified “the look on her face” as a predictor of her mother being “about to snap.” Melody also identified “the look on her face” as a marker of her mother’s mood. She “felt it in the pit of her stomach” that her mother was feeling anxious when she was a child. Sylvia presented an array of nonverbal signals she would look out for when reading her mother’s mood:

> Um, sometimes she would just get kinda trembly and, like, not like *shake* shake, but, like, you kinda see, like, her hands would start to tremble, um, or she would do this thing with, like, her jaw. And sometimes her eyes would start to water like she was gonna cry, and she'd just walk away. Yeah. So, eventually, I should start putting two and two together.

Sydney described her awareness of her mother’s emotions, “This this sounds crazy. I know it does, but I can tell based on how my mom greets me what type of mood she is in.” She acknowledges how this level of attunement to the emotions of others is unusual but, for her, this sensitivity to her mother’s feelings was normal. She identified the cues she used to predict her mother’s mood as “her tone and demeanor.” Even as an adult she still can pick up on her mother’s emotional states. She shared that “I can still tell by how my mom answers the phone what kind of mood she's in.” Denise struggled to find the language to explain her experience of tuning into her mother’s emotions:

> I like, as a kid, I think that.. I had a hard time…it felt like there was a lot of emotions or just because it was really a bit chaotic. I didn't have the language and the…. you know? And so any shift in emotion, I think, I interpreted as I mean, not anxiety, but, like, something. If that makes sense. And I think my mom's moods or… I don't know… would shift a a lot. I just would pick up on it, and I think I interpret it. I don't know. It's hard... I'm, like, trying to think about how I was thinking about this when I was a kid.

She was aware of shifts in her mother's emotions and would attempt to understand what these shifts meant. Due to level of emotion she observed, she described this experience as "chaotic." In homes with mothers who exhibited symptoms of anxiety, daughters felt overwhelmed by the amount of emotion in the home. Ansley described her concern for the wellbeing and emotions of her little sister:

> I remember being very scared. Especially if she would have like a panic attack in the middle of the night, and I would wake up, and I could hear her like crying and like freaking out. I remember just being like like, absolutely terrified, and I also have a younger sister, and so when she was born, and as she got to be a toddler, and I got to be an older child, about like 10 years old, and my mom would like have panic attacks in the middle of the night, or things like that. I remember feeling very responsible for my sister's wellbeing.

In addition to sensitivity to the feelings of their mothers, participants described that they felt sensitive to the feelings of strangers and friends, as children and as adults. Sylvia described heightened empathy she experienced for toys when she was a child:

> Even if I was at, like, the store, there was a stuffed animal that maybe had, like, a little mark on it, like, it got ran over by a buggy or something. I wanted to get that one because

> I was afraid that nobody else was gonna want it, and then it was gonna go to the dumpster. Like, so I would worry about, like, the feelings of an animal that didn't have feelings.

This empathy became painful as her concern for the feelings of the toys would cause her worry about their wellbeing. Another participant described this kind of empathy for animals and peers at school. Danah shared, "If someone was making a joke that felt mean to me if I thought I saw an animal suffering or thought about another kid like I would be in so much distress, and it would take a lot to calm me down." She described herself as "the kid, who cried very easily" and described that she struggled to regulate her emotions, taking hours at times to become calm after situations such as this.

Several of the participants also shared similar experiences in social settings or with friends. Denise described herself as "very sensitive to, like, negative social interactions." She describes people pleasing behaviors she used to "always attempt to create" positive social interactions and attributed this behavior to her experience growing up with her mother, "I think that's where, like, some of the people pleasing, um, probably came in because I was very sensitive to folks', like, shifts in emotion, right, from growing up with my mom." Her social anxiety as a teenager and adult felt directly tied to her inability to tune out the emotions of others, something she developed as a child in her interactions with her mother. Danah shared about the way her mind pays attention to the feelings of others:

> It doesn't get quiet, or it thinks of all these things that other people don't think of because that's its superpower or something… I got really good at reading people, which could be good and help me, like, expect things. But at the same time, it also made me just, like, I think, be more tuned into other people than myself. And so, like, not really participating

in my world sometimes, if that makes sense. I don't know if it does. So I was I was lost in other people, so just not enjoying being me or those kinds of things.

She acknowledges the strengths of being aware of the emotions of others, but also acknowledges the pain this can cause when one's mind "doesn't get quiet." This level of attunement to the feelings of others can lead to disconnection with one's own emotions and desires.

Process of Understanding Mother's and Own Anxiety

The fourth theme that emerged from the data was participants' process of understanding their mothers' anxiety. Each participant within the study touched on this theme, providing insight into the process through which they came to understand that their mother had anxiety, although differences emerged between participants in the age at which they understood this and the cues they used to understand their mothers' condition. This spoke to all of the research questions presented in this study, "What are the lived experiences of adult daughters of mothers with anxiety?, "What are adult daughters of mothers with anxiety later experiences of their own anxiety?" and "How did daughters of adult mothers with anxiety experience communication about anxiety from their own mothers, particularly in their attention and interpretation of perceived threats?". This theme was intertwined with their lived experiences, often their own experiences of anxiety, and with how their mothers communicated about anxiety to them.

Several participants described understanding early in life that their mothers were experiencing anxiety. Naomi explained that she had "always known it" for her "whole life" and that she could not "remember, like a point where I was like, 'Oh, wow! She's anxious.'" She attributed this early understanding to the the fact that her family was always "pretty open about mental health disorders and talking about it and issues." At one point her mother was

hospitalized, which she identified as a significant moment in which she better understood what was going on:

> I mean, there was like, one instance, my mom had been placed in a psychiatric facility. And I know I realized a lot more than like realizing what was going on with her. But I think I probably already knew that. But that was like pretty, substantial moment in my childhood.

Even with this increased understanding, she still had some uncertainty about what was happening and what to expect. She described the language her mother used to explain what she was experiencing:

> And she was like, “Oh, like, Mom's just sick. I'm getting some help. The doctors are changing some medicines. They need to watch me closely.” I didn't really know what it looked like, and I wasn't allowed to see her, so I didn't know what was going on. I just knew she was sad and anxious, and cried a lot.

Despite the uncertainty around hospitalization, she describes that throughout her childhood and adult life, her mother’s openness and overt communication about her anxiety allowed her to have greater clarity on what was happening in her family. Camille also described an early understanding of her mother’s anxiety, saying “I think I always knew. I just didn't know what to call it.” She also described clear communication from her mother on what she was experiencing and how she was coping:

> She would use words like “Mom's feeling”, you know, “really anxious right now.” You know, she would like use the correct terminology, I guess. And she's very blunt. So you know, she was like, “yes, mom has to go to therapy right now. She'll be back in a couple

> of hours. Go play with your toys, and don't hit your siblings." So she would talk to me about it.

In her experience, as well, early communication about symptoms and coping was used as way to explain to the child what the mother was experiencing.

More commonly in interviews, participants described not understanding their mothers' anxiety in childhood and coming to a later understanding in either adolescence or adulthood. Often, this understanding came when daughters experienced anxiety themselves and confided in their mothers about their experiences, prompting conversations about experiences mothers had when the child was younger. These participants described feeling confused or lacking understanding of what their mothers were experiencing when they were children. Ansley recalled, "As a child like a young child. I knew something was going on, but I didn't know what that was.".Sylvia described feeling "confused" by what she observed in her home:

> I think [I felt] confused probably because, I mean, she'd gone through phases of, like, not being okay, I guess, is what it seemed like to me. You know, just kinda going away, but, like, she'd go to her room, and then a little bit later, she'd come out. You know, like, all the sudden not knowing why, like, it was so intense that time. So maybe confused would be about the only other thing [I felt].

In her case, she began to understand what her mother was experiencing in adolescence when her mother was hospitalized for anxiety and explained to her what was occurring:

> I mean, I don't remember verbiage by any means, but I basically, she just said that she was gonna be gone for a couple days, that she was gonna go to the hospital and check-in just because she was really overwhelmed, um, that she was having a lot of anxiety….

> Yeah, that she just needed to get some help because she couldn't keep doing what she was doing.

When she later began to experience anxiety of her own, she "thought it was normal" due to having seen her mother experience it. Once her anxiety presented as panic attacks, she realized "this isn't normal." She described how she thought feeling afraid was something everyone experienced, saying "I thought I was just really scared and that everybody had, like, really scary fears." Similarly, Danah described not fully understanding her mother's behavior was rooted in anxiety. Rather she recalled that "as a kid, I used to just think my mom's more strict than other parents." She gave an example of this:

> Even my friends would joke with my mom. They would like, Ask her if we can do something as like girls, or like little girls or like little kids, you know, like, "Hey, can we all run to the other side of the park?", or "Can we… Can you guys drop us off at the mall?", and my friends would ask my mom and respond with, "Of course not", like in her voice, you know, and at the time I'm like, "Oh, I just have the strictest mother in the world". Now I'm like I lived with a parent with some serious anxiety, like she was. Also she was always constantly thinking, like, "what could go wrong?", "How do I protect them?", "What are the dangers out there?"

As a child she attributed her mother's behavior to strictness, however as an adult, she now can understand that her mother's strict rules for her came from a place of fear of something "going wrong." She spoke about later being able to understand her mother's motivations and feelings:

> What I what I would later recognize to be anxiety was her like needing to follow rules very strictly worrying, talking a lot about the same thing. So like if I did something wrong, or like one of those kids like she wouldn't let it go very quickly and like, now I

recognize that a lot of these are signs of anxiety, being very tense. Kind of over thinking about things, worrying about a lot of things.

When she did come to understand that her mother "might be experiencing anxiety", this was during her "mid to late twenties". Her experience talking to her mother about anxiety isolating for her rather than bonding. When she was diagnosed with anxiety, she "kept it a secret for a few years" for fear of talking to her mother about it. She described a significant experience in which she had a fight with her mother and finally told her about her mental health struggles:

> I threw it in her face. I was like, "I have anxiety." And over the years. It's come up several times, and like she tried to understand, she's like, "What is it that I did that made you have anxiety?" And it was like very interesting, because it was almost like she was feeling guilt and wanting to be absolved of that guilt. But there wasn't a whole lot of self-awareness of like, maybe she has anxiety, you know. Maybe she modeled some of these behaviors. It was like just this fear and this guilt of like, "Tell me the day that I did a thing that made you anxious." And I'm like, "that's not how it works."

She described feeling isolated and missing the support of her mother in this area, even though she feels it could be an area in which they would be able to bond:

> When I've tried to bring it up, I'm very much like isolated in my experience as opposed to it, being something that we can actually come together and be like "Whoa! We both have this. Where is this coming from? How? How did we get here?" We are not at that stage, and I don't know if she will be because she's very… she's like distances herself from it, like I'll tell her things, she said, or like ways she reacted when I was a kid. And she's like, "I don't…"… She has no memory.

Many participants described conversations they had with their mothers when they were older that were clarifying to their childhood experiences. Ansley describes this increased openness that occurred once she opened the floor for conversations about anxiety with her mother:

> I don't think she ever really talked to me about her feelings until maybe late college. Yeah, I think late college. I kind of started trying to open up to her about like my feelings and maybe seeking help. And that's when she finally started to kinda open up to me about what she was thinking.

Ansley shared she has “always initiated those types of conversations” and that her mother “wouldn't really share much or share details or specifics.” She described how her mother would respond when she would confide in her mother that she was feeling anxious:

> She'll say things like, “I understand, like I've been there”, you know, like she would kind of say like “I felt that way”, but she not like she doesn't really provide details or more information.

Prior to this, Ansley would speak with her father about what she observed and gain some clarity on her mother’s behavior and mood from him:

> I think my dad was sharing that information with me, 'cause he could see that I like, was confused, or was afraid, or whatever like. He recognized that like I was being impacted by it. And so he would initiate those conversations with me about what my mom was going through, because she didn't want to talk about it. I guess I just didn't really know much until got into maybe later high school and college. And that's kind of when I keep my parents started talking to me about it more and like I said it primarily came from my dad.

Naomi described the bonding she experienced with her mother once they began to have conversations about anxiety once she began to experience it herself:

> It felt like I could relate to her more. I didn't realize that I had anxiety necessarily And so it was nice to be able to relate to her and talk to her about those feelings, “No, this is how I felt” or “No I definitely do understand this. And this is what can trigger it, or what can make you feel this way.”

Melody explained her experience talking to her mom about her own anxiety when she was in her early twenties, once her anxiety “got really bad.” When she went to counseling, she said she “talked about it with my counselor and I realized that my mom, um, really kinda suffered through that.” She didn’t have awareness of what her mother was experiencing when she was younger, but she reflected that “the older I've gotten, I really kind of realized just certain things she did” that she now understands as anxiety. Denise shared a similar experience, reflecting that she did not understand what was occurring with her mother’s mental health when she was a child. She described the lack of communication between her mother and herself about this, saying “To be very honest, she did not talk to me about it. Um, I think what happened is, you know, I talked to her about once I was older and was able to recognize what happened.” Communication with her mother when she was older helped clarify her experiences in childhood. Sydney described feeling nervous to talk to her mother about her own experience with anxiety. She attributed this to her family’s attitude about mental health:

> I was scared to tell her, um, because my I just my family can be, like, weird with mental health. It's not something that's, like, openly discussed rather often, And I'm not really I'm not really sure why, but I remember, um, being scared to tell her because I was going on

> Zoloft at the time. And I knew that I needed to tell my mom just because I feel like that's something you'd tell your mom.

Although she was nervous to talk to her, once she confided in her mother, she felt supported, and they were able to bond over their experiences together:

> And I remember I called my mom to, like, tell her kinda just give her an update on my life and tell her, um, you know, "Hey, mom." Like, "I'm gonna be on going on some medication and things like that." And that was the first time she her and I had actually had a conversation from what I can remember about her telling me that she also went to therapy and had been diagnosed. Um, she didn't tell me what with, but with, like, some of her own issues and things like that.

Her mother was open about her experiences once she understood that her daughter was experiencing similar symptoms.

Maternal Modeling of Coping

The fifth theme that emerged from the data was the ways in which daughters observed their others model coping for anxiety when they were children and as adults. This theme was present in each interview, although differences existed between how coping was modeled and how daughters perceived maternal coping. This theme spoke the research questions, "What are the lived experiences of adult daughters of mothers with anxiety?" and "How did daughters of adult mothers with anxiety experience communication about anxiety from their own mothers, particularly in their attention and interpretation of perceived threats?". This occurred through direct conversations about coping, modeling of help seeking, modeling of coping behaviors, and, in some cases, a lack of modeling of coping. Some women reported openness with their mothers about anxiety that resulted in direct conversations about way in which their mothers coped with

their emotions. Naomi recalled that her mother “tried to shelter” her for “a while” but eventually had honest conversations with her about her mental health after a three-month hospitalization:

> When I was in fourth grade, and she was inpatient, she was there for 3 months. And she was like, “Oh, like, Mom's just sick. I'm getting some help. The doctors are changing some medicines. They need to watch me closely.”

Her mother modeled help seeking behavior in this way and communicated about it directly to her daughter. Later, when Naomi began to experience anxiety herself, her mother would talk to her about her experiences, and they were able to relate to one another through this. Naomi described that she specifically remembered her mother “would give me skills to try to change it… anxiety, panic attacks.” Camille shared similar experiences with her mother. Her mother, too, was “very open about her struggles with mental health”. She said, “I think that's caused me to also be very open. You know, like like doing this. You know, I didn't have any anxieties about getting going to talk to you”. She described how her mother modeled help seeking and how she has incorporated this into her own life:

> You know, and I go to therapy, and I have a psychiatrist that I see regularly. And she modeled that. She also goes to therapy, and she also has a psychiatrist. And she's always been very open about that. And that's one thing that I really appreciate.

When describing the ways in which her mother discussed anxiety with her, she identified that “she would use words like ‘Mom's feeling’, you know, ‘really anxious right now.’ You know, she would, like, use the correct terminology, I guess”. She also recalled her mother’s openness about seeking help for anxiety, “She was like, ‘yes, mom has to go to therapy right now. She'll be back in a couple of hours. Go play with your toys, and don't hit your siblings.’ So she would talk to me

about it.” Her mother modeled coping directly to her by teaching her about anxiety symptoms and specific coping strategies to manage symptoms:

> She would be like, “oh, are you feeling anxious? You know it feels… Do you feel like sick to your stomach, you know, that's anxiety. Why don't we do some deep breaths or something?” You know, just to do an example.

Melody also described her experiences talking to her mother about her anxiety and learning ways to cope. She described messages about emotions she was taught as a young girl within her family:

> They really kinda taught us that when something is hard, like, you speak up. You know, don't try to say it's too hard or that your struggle is any different than anybody else's. So they were just, very much kind of trying to make us be open that it's okay to be…. to feel disappointed. It's okay to feel these things that the Lord created, you know, emotions for us to feel that if we didn't have them, we'd all kinda be robots just kind of all going around if we didn't feel anything.

She described her mother as her “best friend” and explained how she was “really honest” about things with her. She specifically mentioned that her mother “made sure to let us know that she didn't try to cover things up when things got hard”. Similar to Naomi and Camille, Melody recounted specific conversations she had with her mother about anxiety after she began to experience it herself. She recalled a specific conversation she had with her during a particularly difficult time with her own mental health, in which she remembered her mother telling her that “life might suck right now, but you just have to really make sure you talk about your feelings because if you bottle them in, that's just, not a healthy thing.” She also remembered her mother saying “it's okay to feel anxious. It's okay to feel scared, but you just have to be willing to want

to talk to me about it or talk to somebody else about it because that's the only thing, that's what kinda get you through it other than praying". He mother encouraged her to "talk through the emotions and figure out a healthy way to get these emotions out" She described the encouragement she felt after this conversation:

> It really kinda made me think, you know, that it's gonna be okay. That this too shall pass and I'll learn how to kind of cope through it and learn the healthy way to manage whatever might be causing the anxiety at that time.

Other participants described observing a lack of help seeking from their mothers, even, in some cases, that their mothers were closed off to therapy entirely. Sylvia explained that her mother did not talk to her about seeking help for her anxiety, but that "as I know, I don't think she ever did counseling or anything like that, um, for, like, maintenance or check ins. She kinda just kept on doing life, I guess". Ansley described that her mother did take medication for anxiety but would "cold turkey stop" and "that's when she'd have these like breakdowns", after which she would "go back to the doctor" to have her medications changed. This cycle resulted in it taking it "her several years to find the right regimen". Her mother did not participate in counseling, and Ansley recalls she "has always been very opposed to like therapy, like talking about it". Denise also recalled that her mother did not seek help for therapy and when asked if her mother coped in other ways, she stated "that that remains a mystery to me."

Other participants could recall ways in which they observed their mothers cope that were not medication or therapy. Several mentioned exercise as a method of coping utilized by their mothers. Danah recounted that "I don't think she knew she was coping with anxiety, but the time she worked out ever so briefly, her mood was better." Sylvia also described this as a method of coping for her mother, saying "She'd do, like, exercise videos sometimes", but wasn't sure if this

was helpful for her as coping for anxiety, since “it doesn't seem like it ever coincided with anything in my memories other than it was like a a fun fad at the time.” Ansley also described her mother using exercise, however, in her case she described an unhealthy relationship with movement that her mother developed as a result:

> At one point she got really really obsessed with exercising and only eating like rice cakes, and she got super super skinny and I think that that was anxiety related, because it was that kind of obsession with it, and as soon as she felt like she could control was being a size 2, you know. And so she would go… she went overboard that, and I remember being like itty bitty and working out all the time.

Several participants described observing their mothers cleaning in order to cope with anxious feelings. Naomi recalled that her mother “would clean a lot when she got anxious”, “anxiously, manically, almost in the house”. Other participants also described their mothers cleaning to distract them form their emotions. Other participants identified faith and religion as important factors in their mothers’ coping. Melody described prayer and reading scripture as methods she observed her mother use to cope with anxiety. In her case, she adopted this as method of coping for herself. Danah also observed religion play a role in her mother’s coping, however she was uncertain of the lasting impacts of this as a coping skill for her mother:

> When we got older… she uses religion now to cope and it seems to help a bit not as effective as other coping. But she she seems to think that this is like the antidote now. She was religious in the sense of like she did everything she had to do like… you know, as Muslims…like she would pray she would fast. She would like teach us how to. But now it's like her solace. Like now she carves out time to pray. She goes to lectures, she goes to classes with her friends. And it does seem to be a coping skill and seems to help, but it

also seems to distract more than anything like when she's in that space. She's not anxious, but it doesn't seem to have like a super lasting impact.

Finally, some participants acknowledged that he had not seen their mothers cope with anxiety or acknowledged that the models they had been given did not feel healthy to them. Sylvia did not have memories of observing her mother engaging in coping behavior. He said “I honestly can't think of anything that she did day to day, other than when she would get overwhelmed, she would leave. But as far as proactive, I really don't know of anything”. Denise shared similar sentiments, saying:

> To this day, I just don't know how she deals with it. Just withdrawing, just like I mean, I know now I think she dies a lot of withdrawing… a lot of… like I don't know. I think it's called doomscrolling now, maybe. Maybe that's how she calls. But back then, I really don't really have as much of that. So I don't know what the heck she would do.

Both women acknowledged that they were unsure of how their mother coped or did not remember specifically how they would manage their emotions. Both Ansley and Denise reflected on the models they observed as children and felt that this contributed to their own struggles with anxiety. Ansley said:

> I know that mental health is like tied to like a chemical issue in your brain. And so I feel like… I tell myself that part of mine is, my mom has anxiety and I know that sometimes my brain is… the chemicals are messed up in my brain, and that's why I get in these states and feel this way. I also think that part of it is that was my model. And so maybe I didn't always have the best model of like how to like calmly navigate through life. I had a model of how to anxiously navigate through life, and so I kind of tell myself it's a combination of those: biological and then what my model was.

She acknowledges that there is a biological component to her anxiety, but that her mother also modeled anxious behavior which she also sees as a factor in her own development of anxiety. Denise reflected similarly:

> Well, I think, you know, I think there are a lot of things kinda stacked up against me in my childhood that just was like a perfect storm for just the frame that I created in my brain to understand things. And I think it's just, you know I operated with it for so long before realizing that it was wrong.

Both women spoke of the models they observed and how this created a framework for them from which they viewed the world and experienced their emotions.

Compassion for Mother in Adulthood

The sixth and final theme that emerged from the data was the daughters' compassion for their mothers when reflecting on childhood experiences as adults. All participants described complicated feelings toward their mothers, a few participants shared about feelings of compassion that they experienced toward their mothers later in life. This spoke to the research question, "What are the lived experiences of adult daughters of mothers with anxiety?". Participants described mixed feeling about their mothers and how they managed their anxiety when they were children. Ansley described feeling "angry" and being "hateful" toward her mother:

> I was just very bitter and angry towards her of "you knew this was wrong. You're an adult. You should have done better" like it wasn't fair for me to experience this because you couldn't handle yourself. And that's a really like harsh, like horrible attitude to have towards someone. And as I've gotten older like that relationship has been mended a lot, and I don't have those like feelings of like "Oh, my gosh! I hate you!"

As an adult, however, she feels more compassionate toward her mother, especially as she experienced her own mental health difficulties. She reflected, “I think, as I've got, and as I've had my own struggles, I've been able to kind of have more compassion towards her.”.She described how she would like to live her life differently than her mother, while still holding love and care for her:

> From the end of high school on, I was like “I don't want to be like my mom”, and I don't mean that in a mean way. But I've seen anxiety run her life, and that like I'm committing now and I'm praying now that that is not my story. Cause I don't want my kids to have the same story that I did. Like, I said, not trying to be mean or ugly about my mom at all. I love her so much. But if I can be ahead of the game on that right and make sure that I'm healthy like. Why would I not want to do that for my kids? One day.

Danah also described how her feelings toward her mother evolved as she reflected upon her experiences in childhood as an adult. She described times in which as a child she felt that her mother was acting manipulatively:

> So like you didn't do this one thing right, and she's like, I don't like, “I can't make sense of it”, like, “Do you hate your parents? Is this why you don't clean your room sometimes?” And I'm like, “Whoa, whoa! Whoa! I like my parents.”

As a child, this was a hurtful experience, however “as an adult looking at this now” she feels “it wasn't even manipulative or like the kind of things like some parents say, like in anger, like yelling at their kid like, you're awful. It was like she was spinning out of control”. She acknowledged that “yes, it gave me anxiety all those times that you told me like ‘People are going to judge’ me, ‘da da da’, and all of that” but as an adult she now is able to acknowledge that “you modeled really bad anxiety, and like how to be tense and how to not sleep, and how to

prioritize everybody except yourself". She shared that her acknowledgement of this comes "not from a place of blame, but from a place of like 'You should have empathy, maybe because you've been through it'". When she looks back on her experience with her mother she feels sad that she did not see her mother's true self:

> She didn't share anything about her emotions, and she was almost like her purpose in our world was to almost like serve us, or like uplift us. So when I think back it makes me really sad. I feel like I didn't know her fully as a human being because she kept all of her emotions under wraps. If she was struggling with something I would know, only because, like I would see tension or outbursts of anger.

Sydney also related to feeling frustrated with the way her mother's anxiety was handled within her family when she was a child. In her case, she felt frustrated by the ways others in her family spoke of mental health:

> I remember too when growing up, my dad always said anxiety wasn't a real thing, and I I remember laughing at that because I was like, "your wife has it". Like, "your wife is an anxious person". And I think that kind of to be fair too, I think I get a lot of my qualities and, like, my personality from my mom. So that it doesn't shock me that I've had to deal with my own anxiety as well. Um, people, like, literally say me and my mom are carbon copies of each other, which I take as a compliment. I do. My mom is amazing. But I think too, like, growing up with a dad who, like, used to say, like, depression and stuff was just made up. Mental health was just, like, not a a topic in my household. Like and to me, it was really sad.

She felt defensive of her mother, when her father would minimize the impact of mental health. Now as an adult, to be compared to her mother feels like a compliment, even as some of the

struggles she has faced may have stemmed from her family upbringing. She also spoke of regrets her mother has expressed to her about the impact of her anxiety upon the family:

> My mom does say often to me and my sister, um, that there were a lot of things growing up that she wishes she could change for us. And that makes me sad sometimes because I'm like, mom, you're still a great mom and, you know, all these things. But I think sometimes she means, like, with her anxiety because I think we saw a lot more than what she wanted us to see… But she's like I said, still a great mom.

Even though her childhood was not perfect, she is compassionate toward her mother's difficulties and feels sad when her mother has regrets about the way she was exposed to her anxiety in childhood.

Summary

This chapter described the findings of the research to better answer the research questions: What are the lived experiences of adult daughters of mothers with anxiety?, What are adult daughters of mothers with anxiety later experiences of their own anxiety?, and how did daughters of adult mothers with anxiety experience communication about anxiety from their own mothers, particularly in their attention and interpretation of perceived threats? The eight women's rich lived experiences assisted in identifying the six overall themes in this chapter, including (1) Family Stress, (2) Child Desire to Fix and Self Blame, (3) Daughter Sensitivity to the Feelings of Others, (4) Process of Understanding Mother's and Own Anxiety, (5) Maternal Modeling of Coping, (6) Compassion for Mother in Adulthood. Participants experiences described within this chapter helped in understanding the experience of a daughter with a mother who exhibited symptoms of anxiety. Additionally, their rich explanations of their lived

experiences with anxiety provided valuable insight into the adult experiences they have had with their own mental health.

Chapter 4: Discussion

The findings of this research study have begun to provide insight into the rich lived experiences of women who were raised by mothers who exhibited symptoms of anxiety, a topic which still needs further research in order to fully understand and to develop interventions and resources for those with similar lived experiences. This research study was designed to begin the process of exploring this topic and answer the primary research questions of this study: What are the lived experiences of adult daughters of mothers with anxiety?, What are adult daughters of mothers with anxiety later experiences of their own anxiety?, and how did daughters of adult mothers with anxiety experience communication about anxiety from their own mothers, particularly in their attention and interpretation of perceived threats? In order to answer these questions, a semi-structured interview of fifteen questions was developed focusing on childhood experiences, perception of maternal anxiety, and daughters' own experiences of anxiety across the lifespan. Through the completed inductive and deductive coding process, six themes emerged to understand the essence of these women's lived experiences. The six identified themes are (1) Family Stress, (2) Self Blame and Desire to Fix, (3) Daughter Sensitivity to the Feelings of Others, (4) Process of Understanding Mother's and Own Anxiety, (5) Maternal Modeling of Coping, (6) Compassion for Mother in Adulthood. This chapter will discuss those research findings, implications for the field of counseling and counselor education, limitations of the present study, and recommendations for further research.

Discussion of Research Findings

Current literature on anxiety transmission and the mother-daughter relationship demonstrates a gap in understanding the lived experiences of women who were raised by mothers who exhibited symptoms of anxiety, despite understanding that anxiety within the

family system has been shown to have negative mental health outcomes for children (Cohen et al., 2011; Lee-Feldner, et al., 2011; Nomura et al., 2002; Weintraub, 1984). Anxiety disorders beginning early in life can become chronic and are associated with a high probability of recurrence (Bruce et al., 2005; Letcher et al., 2012). Additionally, anxiety disorders in adolescence have been shown to predict an increased risk for anxiety in adulthood (Pine et al., 1998). Furthermore, the research that does exist is predominately experimental quantitative work focused on young children's presentation of anxiety while observing anxiety directly from parents (Fisak and Taquechel, 2007; Gerull and Rapee, 2002; Lester et al., 2012 ; Moller et al., 2014). While these studies provide vital information about the impact of maternal mental health on the mother-daughter relationship dyad, the research fails to provide rich qualitative data concerning the lived experiences of women impacted by maternal anxiety. This research aimed to fill the current gap in the research by retrospectively interviewing women about their experiences growing up with a mother who exhibited symptoms of anxiety, in order to collect rich information about the kinds of behavior they observed, the cognitions they internalized, and the long-term effects of these on their adult wellness.

Family Stress

Across all eight interviews conducted, all participants described a level of family stress which they felt contributed to an elevated sense of anxiety in the home. While this theme was not expected to be as prevalent in the data as other themes that the research questions specifically explored, it cannot be denied that this theme was central within the lived experiences of participants. Participants described medical stress, financial stress, caretaking responsibilities, grief and loss, military-related stressors such as deployments, and lack of social support as influential factors in their mothers' mental health and, often, their own. Participants observed the

effects of these stressors on their mothers and felt the impact of them as a child as well. These external stressors impacted mothers' resources for coping by removing social, financial, and physical supports which can assist with coping, thus, making it more difficult to manage stress. This theme is supported by research on the effects of family stress upon parental and child wellbeing. Other research supports the impact of these stressors identified by participants, such as military transitions (Frankel, Snowden, & Nelson, 1993), financial stressors, medical or health stressors (Boettcher et al., 2021), grief and loss (Betz & Thorngren, 2006). As displayed in the accounts of participants in this study, along with the research on family stress as a while, family stress has the potential to impact both daughters and mothers and was tied to significant memories for participants of experiences they had with their mothers.

While not explored in this study, the role of the COVID-19 pandemic upon families cannot be ignored, particularly in the lives of children born and raised in recent years (Bernedo et al., 2022; Brik et al., 2022; Wu & Xu, 2020). During this time there has been increased stress in several of the areas described by participants in this study. Medical, financial, caretaking stressors were all greatly heightened during the pandemic. Similarly, many families simultaneously managed the impacts of grief and loss, as well as experienced a lack of social supports due to social distancing from loved ones. During the COVID-19 pandemic, women experienced a disproportionate amount of stress as result of increased care-taking and educational duties, social isolation, and a higher rate of essential worker roles when compared with men (Kerker et al., 2023). The impacts of this increase in stress for mothers are only now beginning to be studied (Kerker et al., 2023), however studies have already found increases in anxiety among children and adults as a result of the pandemic (Hawes et al., 2022; Saddik et al., 2020). There is still a need for further research on this topic as children born and raised during

this time develop into adults and see the impacts of increased family stress upon their own mental health.

Self-Blame and Desire to Fix

Across not all, but a majority of interviews conducted, the theme of self-blame and the desire to fix painful situations emerged in participants' lived experiences. Many participants attributed their mothers' anxiety to their own behavior or wondered if they had done something to upset her. In this case, the women would often feel the urge to solve problems within their family, in an attempt to reduce stress for their mothers or other family members. Research exploring the connection between self-blame and parental mental illness exists primarily in the area of depression, however this research on the effects of parental depression on children echoes the findings in this study (Bruce et al. 2006; Donahue et al., 2018). In this study, participants reported feeling concerned and responsible for their mother's wellbeing, often questioning if they caused problems within the family. Findings on children and adolescents who experience self blame related to parental mental illness demonstrate negative impacts of self blame upon their mental health, such as heightened levels of self-reported depression and anxiety (Donahue et al., 2018). Much of the research around self-blame in this area explores the role of attribution style in how children perceive parental symptoms of mental illness, including findings that children who reported higher levels of depression symptoms in their parent tended to be more vulnerable to negative attributional styles, in which they attributed negative events to themselves (Bruce et al. 2006) and that children with mothers who reported high levels of depressive symptoms tended to exhibit higher levels of internalizing symptoms when they also reported higher levels of self-blame (Kouros et al., 2020). Children who attribute their mother's happiness to themselves have been found to be associated with greater use of prosocial behaviors, stronger

empathy and hopefulness, lower depression and anxiety, while self-blame for mother's sadness has been found to be associated with lesser use of prosocial behaviors, lessened empathy, and greater internalizing problems (McDonald et al., 2019). These studies support the findings of the present study in its emphasis on the importance of children's interpretations of parental mental health symptoms. This is significant in understanding how attribution errors in children can lead to increased feelings of self blame and later negative outcomes for children growing up in similar situations to the participants in this study. Whether anxiety or depressive symptoms, it is not purely a child's exposure to these symptoms that creates negative outcomes, but their interpretations of parental symptoms. Although these studies focus on depression within the family, they support the findings of the present study by highlighting the impacts of self-blame as a contributor to worsened mental health outcomes for children overall. Further research is needed to explore these factors in relation to anxiety specifically as a mental health condition.

In addition to experiencing feelings of self-blame, participants often described wanting to remedy problems within their family, whether this be their mother's anxiety, other family members' discomfort with their mother's behavior, or their own feelings related to their mother's anxiety. Several participants acknowledged that this followed them into adulthood, in the form of people pleasing. Other studies have identified similar themes of children of parents with mental illness feeling responsible for family well-being, giving similar examples to participants in the present study, such as feeling the need to support their parent emotionally or feeling responsible for their parent's emotional wellbeing (Van Parys et al., 2015). Overall, however, there is little research on the experiences of children related to parental anxiety and the desire to solve the family or mother's problems. The research that does exist supports the idea that children who perceive parental anxiety to be their fault or responsibility tend to have greater internalizing

problems, which could include people pleasing and modifying one's own behavior to soothe others. It has been suggested that individuals with anxiety may have poor problem orientation, leading them to react to problem situations as threats, rather than as challenges that can be overcome (Ladouceur et al., 1998). When understood through the lens of cognitive theory, interpretation biases in childhood that result in a child believing they are responsible for their mother's distress may increase the child's feelings of responsibility for resolving the threat, since they believe they are responsible for the cause of the distress.

Daughter Sensitivity to the Feelings of Others

A majority of participants also described increased sensitivity to the feelings of others, either in childhood, adulthood, or both. In the interviews conducted in this study, participants overwhelmingly reported attunement to their mothers' emotional states and nonverbals. Several participants also described feeling concerned about the feelings of others as they grew up, outside of their home, such as in school. Through the lens of cognitive theory, these women described attentional biases toward negative emotional states in others, (Hayes & Hirsh, 2007), as well as interpretational biases, as described in the previous section, in which they may "draw threatening inferences under conditions of ambiguity" (Hayes & Hirsh, 2007, p. 176). Previous research has explored anxious mothers' tendency toward these information processing biases (Lester et al., 2012) and this study suggests that young children being raised by an anxious parent may experience these biases as well. Participants in this study described being able to pick up on nonverbal cues of their mother's emotions as well as often interpreting them as signals of distress. This would often cause distress for them as young children, due to feeling like they needed to read their mothers and attend to her emotions. These findings are supported by research findings that children who attend less to their mother's positive emotions than negative

emotions have higher levels of internalizing problems overall (Donahue, 2017). Once again, this supports the experiences of women shared in this study of increased attention to their mother's negative emotions and greater internalizing problems.

Social referencing literature supports the findings in this study suggesting that young children may experience distress from others around them as a threat, developing a heightened sensitivity to negative emotions, as reported by participants in this study. Participants described experiences in which parental expression of emotion activated emotional arousal in them as children, as well as, at times, teaching them to fear the things that frightened their mothers (Bandura, 1992). Participants who described these experiences often attempted to predict events and avoid negative events by using their mother's affective displays as guides for action, based upon the connection between their mother's emotions and positive or negative outcome. As previously stated, when a model's affective displays do not predict outcomes, this can provide the child a faulty prediction of events based upon incongruence between parent emotional and events. In this study, women whose mothers displayed anxiety symptoms may have served as non-congruent affective displays. These women described looking to others, including their mothers, for affective information and being highly sensitive to the affective information provided by others.

Process of Understanding Mother's and Own Anxiety

This theme was present in all interviews and was layered across all other themes, as daughters attempted to understand and make meaning of their experiences with their mothers in childhood and with their own experiences of anxiety later throughout their lives. Participants described the process through which they came to understand that their mother had anxiety, although differences emerged between participants in the age at which they understood this and

the cues they used to understand their mothers' condition. Some participants described understanding that their mother was experiencing anxiety at a very early age, while most described coming to understand what was occurring, only once they were young adults and experienced anxiety themselves.

The findings in this study are congruent with previous studies on how children understand parental mental illness, including findings that children often do not experience clear communication about what is occurring with parents who experience mental illness which can lead to uncertainty and confusion for children (Mordoch, 2010). Previous research highlights similar experiences as those shared by participants in this study such as children observing symptoms of mental illness but not understanding the full context of their parent's situation or children understanding that their parent was experiencing mental illness at the time through discussions with the ill parent, the well parent, or through extended family's explanations. Similarly, other studies have reported similar findings related to adult reflections upon childhood experiences of being raised by a parent with mental illness. These studies highlight experiences that were also reported by participants in this study, such as memories of strong feelings of fear in childhood (Murphy et al., 2015), making meaning of their experiences through coming to understand their childhood experiences and integrate this meaning into their own adult relationships and parenting, and coping strategies that these adult children used to cope with their childhood experiences which were congruent with those shared by participants in this study such as help seeking, social support, religion, and setting boundaries (Patrick et al., 2020). The process of understanding maternal anxiety, coping strategies, and interventions to assist in this process are central in the counseling implications later outlined in this chapter.

Maternal Modeling of Coping

One theme that was consistent across all interviews was participants observations of maternal coping with anxiety symptoms. Reports of how mothers exhibited coping behavior differed across interviews, with some mothers coping in through healthy means and others coping in less healthy ways. Similar to how children adopt their mothers' symptoms of anxiety through social learning (Fisak & Grills-Taquechel, 2007; Gerull & Rapee, 2002), this research suggests that children may develop coping strategies based upon observations of parental coping. Research on the topic of parental emotional socialization highlights the role of parents' reactions to children's emotions, conversations about emotion, and modeling of emotional regulation in the development of children's ability to regulate their own emotions (Eisenberg et al.,1998; Morris et al., 2007). Participants in this study often spoke of direct and indirect messages they received from their mothers about how to respond to stress. Similar kinds of modeling to the types of models shared by participants in the present study are highlighted as essential to parental emotion socialization between parents and children, such as direct conversations about coping, coaching on how to cope, modeling of coping behaviors, and reactions to children's displays of emotion (Eisenberg et al., 1998; Anderson et al., 2023).

The control-based model of coping is a helpful model though which to understand the categories that the coping described by participants in this study fall into. This model identifies three coping factors: primary control coping (active attempts to change a stressful situation or one's emotions through behaviors such as problem solving or emotional expression), secondary control coping (attention to adapt to stress by using more cognitively complex strategies such as acceptance, distraction, or cognitive reframing), and disengagement coping (attempts to distance oneself from stress through denial or avoidance) (Compas et al. 2017; Connor-Smith et al., 2000;

Rudolph et al., 1995; Weisz et al., 1994). In the present study, women described observing primary and secondary control coping, as well as disengagement coping from their mothers. In one study using this model to frame maternal coping socialization and child coping, it was found that mothers' modeling of secondary control coping strategies was negatively correlated with adolescents' symptoms of anxiety and depression (Anderson et al., 2021). In the interviews in the present study, women who reported observing secondary control coping also reported feeling most equipped to handle stress on their own, while those who reported observing primary control and disengagement coping reported feeling that their mothers did not deal with stress well and some reported struggling to manage stress well themselves. Parental beliefs about the importance of attention to/acceptance of emotional reactions and the value of emotion self-regulation have been found to be associated with socialization strategies of parents and children's own self regulation (Meyer et al., 2014). The women who spoke of direct conversations about emotional regulation with their mothers described how their mothers valued this communication and found it important to discuss these topics with their children. Beliefs about emotion and emotional regulation also may play a part in how mothers choose to socialize emotion to their children.

Compassion for Mother in Adulthood

While all participants described complicated feelings toward their mothers in childhood and across the lifespan, several participants shared about feelings of compassion that they experienced toward their mothers when reflecting upon their experiences later in life. These feelings often stood in contrast to more negative feelings women reported having toward their mothers when they were children. When children, these women described feeling nervous, angry, and hurt by their mothers, however as adults, they now look back on their mother's behaviors and experiences with more sympathy. This sympathy often came after women had their own

experiences with anxiety and in adulthood which gave them more context for what they had seen in their mothers as children. Previous literature has explored the relational reparations that children of parents with mental illness made as adults (Patrick et al., 2020). This study presents a model which explains how adult children of parents with mental illness may relate backwards to their childhood and forward to their own families as adults in order to make meaning of their childhood experiences. This model highlights the importance of reflection and introspection in making meaning of childhood experiences and integrating them into their adult lives. Reflection on childhood experiences can serve as a way to learn life lessons and become more empathic and understanding toward oneself and others as a result of going through challenging times as a child (Sjoblom et al., 2018). As children grow and accumulate their own life experiences, it is possible that they may look upon their parents with more sympathy as they understand the challenges they faced for themselves. Participants in this study engaged in reflection by participating in these interviews and often spoke of personal reflection they had done to understand their childhood experiences which allowed them to make meaning of these experiences as adults.

Implications for Counselors and Counselor Education

The current study provides useful information for counselors and counselor educators in the treatment of anxiety within families and education on the impact of anxiety on families. The eight participants in this study that shared their lived experiences related to this topic have highlighted the impact of maternal anxiety upon daughters within the family system. It is critical that counselors and counselor educators understand these experiences in order to better provide clinical care and provide education to counselors-in-training who are leaning how to work with families.

While there is still a need for further research on this topic, the present study and research highlighted in this study point to the importance of facilitating communication between mothers and daughters about emotions and coping, particularly in ways that facilitate adaptive coping strategies. Family therapy can serve as a way to increase communication and teach adaptive coping to all members of the family. Children need clear explanations of their mother's mental health condition in terms they can understand and make sense of (Cooklin, 2013). Children also benefit from an intentional rebalancing of caretaking roles, in which they are afforded opportunities to engage with other children in playful ways and not to carry the burden of responsibility for the adult's wellbeing (Cooklin, 2013). In order to achieve this, counselors can assist families in increasing quality communication between parents and children, increasing understanding for children of their role within the family system, clarifying the causes of distress within the family, and reducing any attributions of blame that the child may be experiencing within the family. Many women in this study discussed their own experiences seeking help for anxiety as adults, as well as observations of their mother's help seeking behavior in childhood. Increasing help-seeking behavior and access to help for both mothers and daughters is crucial in treating the overall impacts of anxiety upon the family.

In addition to family interventions, individual therapy can be useful in the treatment of anxiety within the family. Counselors must be aware of the impacts of parental mental health upon the mental health of clients across the lifespan and create intake and assessment practices which collect information on potential impacts of maternal mental health upon the lives of female clients. Counselors must be aware of the impacts of parental mental health upon the mental health of clients across the lifespan and create intake and assessment practices which collect information on potential impacts of maternal mental health upon the lives of female

clients. Individual therapy can be used as a way to assist mothers with managing their anxiety. Counselors can teach mothers more adaptive coping skills for managing anxiety and assist them with expanding their toolbox of coping skills to include more primary coping skills such as problem solving and secondary coping skills such as acceptance, distraction, and cognitive reframing, rather than disengagement coping (Compas et al. 2017; Connor-Smith et al., 2000; Rudolph et al., 1995; Weisz et al., 1994). Counselors can provide psychoeducation to mothers on the impacts of modeling of coping on child and adolescent functioning (Anderson et al., 2021) as well as target beliefs about the importance of attention to/acceptance of emotional reactions and the value of emotion self-regulation in order to increase parental emotion socialization (Meyer et al., 2014).

For children, individual therapy can as serve as an early intervention for children growing up in families with an anxious mother. An important goal of therapy with children in similar families may be to assess for and target levels of self-blame attributions and interpretations through cognitive-behavioral interventions (Donahue et al., 2017; Ladouceur et al., 1998; Van Parys et al., 2015). Similar to their work with mothers, counselors can teach children adaptive coping skills and assess or children's coping strategies to determine if a child is learning unhelpful coping from their mother. Since introspection and reflection upon childhood experiences have been shown to be useful in the process of meaning making for children with adverse experiences in childhood, individual therapy can be a valuable tool for adult children of anxious mothers in reflecting on and making meaning of their childhood experiences (Sjoblom et al., 2018). One goal of therapy for adult children of mothers with anxiety may be to integrate their childhood experiences into their own parenting as adults or to work through complicated feelings toward their mothers in adulthood (Patrick et al., 2020). Counselor educators must also

be conscious of these factors and ensure that training for counselors includes education on the impacts of mental health upon the family system and teach counselors-in-training how to incorporate this into their conceptualizations of child and adult clients.

Limitations

The small participant size and nature of the exploration of the lived experiences of the eight participants prevents the information gathered in this study from being generalizable to all women who grew up with a mother who exhibited symptoms of anxiety. Even so, transferability of findings is achievable within qualitative research (Tracy, 2010). The information gathered from the interviews conducted in this study can supplement further conversations and research on this topic. Despite methods taken to increase the trustworthiness and validity of this study, the life experiences and positionality of the researcher inherently may impact the findings of the study. While women did discuss their various cultural backgrounds and socioeconomic statuses in the interviews, the sample pool was made up of women ages 18-38, excluding women above the age of 38, who may have different experiences which would be valuable to the research. Additionally, formal information regarding race and ethnicity was not collected in the demographic form and, as such, the researcher was unable to determine the racial diversity of the sample.

Recommendations for Future Research

It is crucial that further research be conducted on this topic in order to further understand the experiences of women with similar family experiences to those who participate in this study. This research begins to fill the gap in the research, however additional research on the impacts of mental health conditions upon the family unit are necessary to expand knowledge in this area. Research related to the experiences of sons and gender-diverse individuals raised by mothers

who exhibited symptoms of anxiety would be valuable to better understand the role of gender within the phenomenon. Similarly, research on the experience of being raised by a father who exhibited symptoms of anxiety would also provide insight into the role of parent gender in the phenomenon. Finally, similar studies exploring the experience of growing up with a parent with other mental health conditions such as mood disorders, personality disorders, and neurodevelopmental disorders would be valuable in the larger area of understanding the role of parental mental health with the family system.

Conclusion

This research study was conducted to better understand the lived experiences of daughters of mothers who exhibited symptoms of anxiety, as well as their later personal experiences of anxiety. Eight women shared their experiences through semi-structured interviews with the researcher. These interviews and the information shared with the researcher of the women's lived experiences provided a rich description of this phenomenon and helped to identity six themes within it: (1) Family Stress, (2) Child Desire to Fix and Self Blame, (3) Daughter Sensitivity to the Feelings of Others, (4) Process of Understanding Mother's and Own Anxiety, (5) Maternal Modeling of Coping, (6) Compassion for Mother in Adulthood. These participants provided valuable insight into this phenomenon through the sharing of their experiences across the lifespan, which will be instrumental in helping to care for women and families with similar experiences.

Chapter 5: Manuscript

Anxiety disorders are among the most prevalent childhood psychiatric disorders and tend to persist from childhood into adolescence and adulthood (Rapee et al., 2009). Researchers have explored the development of anxiety and factors contributing to the development of anxiety. One proposed theory is that of intergenerational anxiety transmission, through which children take on the anxiety of parents (Aktar, 2022; Eley et al., 2015). A variety of factors contribute to the intergenerational transmission of anxiety, including genetic factors, parenting styles, child temperament, and parent-child attachment (Ahmadzadeh et al., 2019; Cartwright-Hutton et al., 2018; Fisak & Grills-Taquechel, 2007; Gerull & Rapee, 2002). In addition to these factors, social referencing has also been considered a method of anxiety transmission from parent to child (Bandura, 1992). Studies have shown the connection between parental anxiety and child anxiety, as well as the connection between parental interpretations of events and child interpretations of events (Aktar et al., 2014; Lester et al., 2010). This connection is particularly prevalent in daughters and mothers (Gerull & Rapee, 2002). Observing parental verbalization of interpretations of ambiguous stimuli and consequential behavior can affect child interpretations and behaviors, leading to long term mental health consequences (Lester et al., 2009; Moller et al., 2014). Understanding the lived experiences of women who grew up with anxious mothers can provide a wealth of information about the long-term effects of healthy and unhealthy modeling of anxiety throughout childhood in mother-daughter relationships, as well as provide valuable clinical information about risk and protective factors in such families.

Parent-Child Relationships

Parental well-being has been found to have a positive relationship to nurturing, support and positive parenting behavior (Sameroff, 2009; Voydanoff and Donnelly, 1998). A secure

parent–child relationship provides physical and emotional safety to children, allowing them to feel supported and able to develop their own sense of self and emotional landscape. There are many factors that contribute to the quality of the parent-child relationship including attachment, genetic factors, environmental factors, parenting styles, and emotional regulation of members within the family (Morris et al., 2017).

For families in which a parent has difficulty maintaining emotional well-being, there can be an array of negative outcomes related to parental mental health concerns. Parents experiencing mental illness report poorer parent–child relationships, more parenting problems, lower parenting satisfaction, more family violence than parents without psychiatric issues (Cohen et al., 2011; Lee-Feldner et al., 2011). Children of parents who suffer from mental illness have been found to have increased emotional distress and behavioral problems (Lambert et al., 2014). More specifically, children of depressed parents have been found to experience developmental delays, worsened school performance, and problems with peers which persist into adulthood (Nomura et al., 2002; Weintraub et al., 1984). While children can overcome these factors and have a productive and functional life (Marsh et al., 1993), growing up with a parent who has difficulty with emotional well-being produces a unique challenge for children and parents.

The parent-child relationship is essential to child development, particularly the same-sex dyad of mother-daughter. The mother-daughter relationship is essential to the development of self-esteem and identity in young girls (Borello, 2006; Clarke & Griffin, 2007; Ogle & Damhorst, 2003). The type of attachment and communication a young woman shares with her mother can greatly impact her health and well-being (Goslin & Koons-Beauchamp, 2023). In a study by Butler and Shalit-Naggar (2008), researchers found that mother–daughter dyads are

more likely to create a reciprocal relational system than mother-son dyads which may lead to particularly salient communication between mothers and daughters. This reciprocal relational system leads to effective intersections between mother and daughter which may impact individual perceived relationship closeness.

Anxiety

Due to the high prevalence of anxiety, many children are raised in homes in which one or both of their parents may struggle with anxiety. In this situation, anxiety symptoms can be communicated to children by their parents through both verbal and non-verbal communication throughout their childhoods (Gerald & Rapee, 2002; Lester et al., 2009; Moller et al., 2014). During the COVID-19 pandemic, women experienced a disproportionate amount of stress as result of increased care-taking and educational duties, social isolation, and a higher rate of essential worker roles when compared with men (Kerker et al., 2023). For children who were either born or were very young during the pandemic, the effects of worsened maternal health create the potential for negative outcomes for children which are only now beginning to be studied (Kerker et al., 2023).

Parental anxiety can be communicated to children via verbal and nonverbal communication. Parents may overtly express their fears or tell the child about their experience of anxiety. Other parents may exhibit physical symptoms of fear or exhibit avoidance which communicates fear to the child (Fisak and Taquechel, 2007). Parents may support or reward children's anxious or avoidant behaviors (Rapee, 2002). This could present as a parent removing a child from an anxiety-inducing situation such as picking up a child up from school when they exhibit social anxiety about school. It could also present as a parent encouraging the child's avoidance of anxiety-inducing situations, such as allowing them to stay home from an event they

are nervous about. Finally, this could present as providing a child with special treatment or allowing avoidance of responsibilities to reduce anxiety-related distress (Fisak & Grills-Taquechel, 2007). These parental behaviors serve to comfort and soothe the child, but also can reinforce the child's anxiety, negatively and positively. Fisak and Grills-Taquechel (2007) note that, in addition to continuing these behaviors out of anxiety, children may continue to exhibit these behaviors to gain attention or comfort from parent and avoid feared situations. Social referencing theory provides a framework for understanding the processes that underlie social learning and modeling as they pertain to how children learn emotional regulation skills from their parents.

Anxiety disorders are among the most prevalent childhood psychiatric disorders and tend to persist from childhood into adolescence and adulthood (Rapee et al., 2009). Some anxiety disorders, such as separation anxiety, tend to have an early onset in childhood, while other anxiety disorders have a later onset, such as social anxiety, which tends to begin in adolescence (Beesdo et al., 2009). Anxiety disorders beginning early in life can become chronic and are associated with a high probability of recurrence (Bruce et al., 2005; Letcher et al., 2012). The experience of childhood and adolescent anxiety has also been tied to negative psychosocial outcomes in adulthood (Essau et al., 2014).

It is possible that mothers communicate anxious cognitions to their children through explaining or signaling to their children that ambiguous situations are dangerous (Lester et al., 2009), thus teaching their children to also interpret ambiguity in a threatening way. Over childhood, such children may learn to perceive and interpret ambiguous situations as threatening, leading to anxiety symptoms and fearfulness. In addition to verbal communication regarding negative interpretations of ambiguous stimuli, parents can also communicate fear via non-verbal

cues, such as through social referencing. This study expands on the current literature to include not only daughters whose mothers were formally diagnosed with an anxiety disorder, but also those who are unsure of whether their mother had a diagnosis or those whose mother did not have a formal diagnosis. Specifically, this study explores the perception of the mother from the perspective of the child, centering on the daughter's internal experiences as a child.

Social Referencing

Through affective signaling infants and children use adult facial expressions as information in understanding ambiguous situations and their safety in situations with unknown individuals. Infants and children are generally able to determine danger in clearly defined situations but utilize social referencing particularly in ambiguous situations. Affective modeling serves a *vicarious arousal function,* in which the parental expression of emotion can activate emotional arousal in the child, as well as a *vicarious acquisition function*, in which children learn to fear the things that frighten their parents, dislike what they dislike, and to like what they liked (Bandura, 1992). In addition to this, affective modeling serves a *predictive regulatory function*, through which affective displays of models can be used by observers as highly informative guides for action, based upon the connection between model affective display and positive or negative outcome. The issues comes when a model's affective displays do not predict outcomes due to cognitive bias related to anxiety. In the case of this study, the model of these non-congruent affective displays would be the mother who is impacted by cognitive bias due to anxiety. Finally, the *self-efficacy and controllability function* of social referencing can convey information that can change the child's judgement of their own personal efficacy, based upon the model's displayed beliefs about their own self efficacy and controllability. Social referencing can provide a theory of the transmission of anxiety from mother to child, therefore this study will

provide rich data into this process and how it can contribute to the development of anxiety in children.

Methods

This study focused on adult daughters' experiences growing up with anxious mothers, exploring their experiences both with their mothers' and their own anxiety. This study examined the adult daughters' experiences with their mothers' communication about their own anxiety and with anxiety themselves, employing a qualitative approach. The goal of this kind of research is to provide rich descriptions of the experiences of those participating in the study (Ponterotto, 2006). Qualitative methods also employ "thick rich descriptions" involving intentionality to one's behavior in understanding and absorbing the context of the situation or behavior. Researchers can capture feelings, desires, symbols, interpretations, and other subjective components, referred to as "life-worlds" (Berg and Lune, 2013). Transcendental phenomenology strives to explores the commonalities of lived experiences, by setting aside preconceived notions of the phenomenon of study (Husserl, 1931). Transcendental phenomenology searches for the "essence" of an experience, apart from biases that may impact the understanding of the phenomenon (Matua & Van Der Wal, 2015; Moustakas, 1994). This methodology allows for the study of lesser-known or lesser-studied phenomenon, thus was an appropriate methodology in this study related to a specific lived experience of young women. Additionally, this methodology aligned with the researchers' paradigmatic commitments of understanding this phenomenon through the lens of those who have had this lived experience by collecting their stories directly (Creswell, 2014; Moustakas, 1994).

Procedures

Participants Recruitment and Selection

Purposeful sampling was used to select participants who are 1. Cis-gender women, 2. Ages 19-65, 3. Who identified their mothers as having exhibited symptoms of anxiety when they were young, 4. Who identified themselves as having experienced anxiety themselves. Purposeful sampling allowed the researcher to recruit participants who had the specific identity and experiences that were of interest in this study. I recruited participants from a university in the southeastern United States, from online forums and social media groups related to anxiety, as well as by sharing on my personal social media. In a literature review of social media use for research participant recruitment, it was found that the preferred social media platform for recruitment include Facebook, Instagram, Twitter, Reddit, and Tumblr. Facebook was found to recruit both younger and older participants, while Tumblr was used to recruit younger populations. Additionally, social media was found to be effective in reaching hard-to-reach populations such as those with mental health conditions, when compared to more traditional methods of recruitment (Darko et al., 2022). All emails and flyers for participant recruitment included my name and my university email address where potential participants could contact me directly to ask questions about the study. Participants were asked to fill out a demographic questionnaire and screening questions to assess if they meet the pre-established inclusion criteria for the study and to collect their contact information. The link to this survey was on the recruitment materials for individuals to access if they were interested in participation. The goal of most qualitative research is to reach saturation, at which no new themes appear or develop (Tracy, 2019). The number of participants needed to reach saturation can be challenging to predict before collecting data (Sim et al., 2018; Schwandt, 2015). However for the purposes of

this study, I strived to collect a minimum of twelve interviews based upon Flynn and Korcuska's (2018) recommendation that phenomenological studies must include between 5 and 25 participants.

Data Collection

The primary source of data collection for this study was semi-structured, individual interviews on Zoom in a confidential setting of the researcher and participants choosing. There was a disadvantage in conducting telephone and Zoom interviews because I was not able to observe participant body language, however utilizing telephone and Zoom interviews allowed the research to reach samples beyond the local area and avoided personal costs related to travel for the participant and researcher. Participants were informed prior to the interview that the interviews will last between 30 and 60 minutes. Participants were assigned a pseudonym for confidentiality purposes prior to beginning the interview. They took a demographic survey which will collect information on the age of participants. As a part of the interview protocol, participants were given informed consent in the introduction and given an information letter with details of the IRB approval, confidentiality, and ability to withdraw data before de-identification. The interview used in this study consisted of fifteen open-ended questions, allowing for flexibility to explore any additional experiences introduced by the participants. Questions focused on the woman's experiences with her mother, her experience with her mother's anxiety, and her own emotions and thoughts related to anxiety throughout the lifespan. The questions in the interview protocol were developed based upon the literature related to anxiety and social referencing, including literature related to communication of anxiety from parent to child birth verbally and non verbally. After each interview, participants were given the opportunity to add any further information that they believe may be relevant to their experiences. Once interviews were transcribed, all information

was securely uploaded to the Auburn University Box online storage system and labeled with the corresponding pseudonym.

Data Analysis

The goal of data analysis in transcendental phenomenology is a rich and full understanding of the lived experiences of the participants related to the phenomenon of study. More specifically, thematic analysis is used to identify and analyze themes within the text. I conducted a thematic analysis of the interviews by (1) familiarizing myself with the data, (2) generating initial codes, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes, (6) producing the report (Braun and Clarke, 2006). Moving through these steps allowed me to create a rich depiction of the lived experience of participants.

After producing the report, I returned the data to the participants to ensure that it accurately describes their experiences. According to Birt et al. (2016), member checking is a validity technique used to ensure data is accurately obtained during interviews in the data collection stage. Participants in this study received an emailed summary of their written transcribed interview questions and responses so that they had the opportunity to review the information for the accuracy of their experiences. After analyzing the data, I sent out a report of identified themes to participants to ensure the analysis represents their experiences. I explained the process of member checking, how to engage in such, and how to return the document back to me through email.

Trustworthiness

Credibility of a study can be demonstrated through debriefing, prolonged engagement, persistent observation, and audit trails (Tobin & Begley, 2004). A field journal was kept in order to document research interactions and personal reactions and enhance self-awareness (Koch,

2006). An audit trail was maintained throughout the research process to document the details of the process (Creswell & Miller, 2010). The audit trail was stored in Box, a three-factor authenticated system. As previously stated, I also engaged in member checking in order to confirm the accuracy of my results. By engaging in the above practices, the rigor of this study was demonstrated by showing the credibility, transferability, and dependability of the study. Ethical and appropriate sampling also adds to the transferability, credibility and dependability of the study, in addition to the record keeping, audit trails, field notes, and personal journals.

Reflexivity Statement

I approached this study as a woman who grew up with a mother who experienced a mood disorder. I have also seen clients who have had similar experiences to me in this way. It was important to this study that I was transparent, since I am the primary instrument for methods, data collection, and analysis. Throughout the study, I had to acknowledge my personal biases and attend to how I conceptualized and approached participants in the study. Because of this, I engaged in reflexive journaling throughout the process to bracket my own feelings and experiences from those of my participants. My belief is that children pick up anxious thinking patterns from their parents via verbal and non-verbal communication. While I do hold these opinions, I wanted to be open to every woman's story who participates in my study and represent their experiences accurately and in a way that honors them in my research.

Findings

During this research, eight women completed interviews about their experiences being raised by a mother who exhibited symptoms of anxiety and about their own experiences of anxiety. These participants were located across the United States and had a variety of cultural and family backgrounds, as well as experiences with anxiety in their own lives and as observed

in their mothers' lives. Through the completed inductive and deductive coding processes, six themes emerged to understand the essence of these women's experiences with their mothers and with their own mental health. The six identified themes are 1) Family Stress, 2) Self Blame and Desire to Fix, 3) Daughter Sensitivity to the Feelings of Others, 4) Process of Understanding Mother's and Own Anxiety, 5) Maternal Modeling of Coping, 6) Compassion for Mother in Adulthood.

Family Stress

The first theme that emerged from the data was the role of family stress and the impact of external factors upon the mother's mental health and the family system as a whole, which emerged in every interview conducted in this study. In each woman's account of her experience within her family and specifically related to her mother, she shared about the context within which their mother faced anxiety. These stressors included medical stress, financial stress, caretaking responsibilities, grief and loss, military-related stressors such as deployments, and lack of social support. The women in this study spoke of how they observed the impact of these stressors on their mothers and how this in turn affected them.

Several of the women discussed how medical stress and trauma impacted their families. When discussing how she began to realize her mother was experiencing anxiety, Sydney attributed the beginning of her mother's anxiety to medical issues following an injury, saying, "My mom got out of the military because she broke her back on active duty. And I would say that's probably when I started noticing what I now know to be anxiety within my mom". The uncertainty caused by medical issues served as a significant stressor in these family's lives, contributing to increased anxiety for the mother's as well as the rest of the family system. Financial stress was another commonly discussed factor within the participants' memories of

their upbringing. Melody spoke of the financial impact of divorce on her mother and the changes that her family had to make after her parents divorced. She said, " [after the divorce], the town where we I grew up was very expensive to live in even back then and my mom couldn't support us on basically one income." Since finances are tied to so many elements of family life, changes such as moving, death, birth, and divorce have the added impact of potentially change in a family's financial status and adding to overall family stress.

Another contributor to family stress that came up in interviews was grief and loss. Grief and loss can serve as a catalyst for anxiety, such as in the case of Sylvia, who began to realize that her mother was experiencing anxiety when she was in middle school when her grandmother, her mother's mother, passed away. She said "when I was in elementary school, she had to take care of her mom for a while. And, then she passed away, and there was just a lot of stress on my mom. And after that, she didn't cope the best". Family absence such as incarceration or deployment also contributed to a sense of loss or grief. These changes in family stress were felt by the participants as young girls, in their own experiences, as well as in the ways they saw their mothers experience changes in relationships and support. Several women spoke of social support as a protective factor in their mother's lives, while others described how they observed a lack of social support contribute to increased anxiety for their mothers and themselves. Danah described the lack of social support her mother experienced, moving to a new country and away from family, saying, "We lived far from our family, whereas all her sisters and her friends have each other, you know, like back home… I'm like, maybe it's because we're far away. And I remember that being my explanation for it". Living far away from family can add to a sense of isolation and contribute to a feeling of lack of support which adds to overall stress.

Self-Blame and Desire to Fix

The second theme that emerged across not all, but a majority of interviews conducted, was participants' memories of desiring to fix uncomfortable or painful situations in their childhood and feelings of self-blame related to their mothers' anxiety. Many of the participants described memories of feeling as though their mother's anxious symptoms were their fault or as if they had done something to cause their mother to be upset. Ansley described these feelings, saying "for a long time I thought that I was making my mom upset, and so like, if I made a bad grade at school, or had trouble with a friend at school, or didn't clean my room, or any of these things which I mean could be a stressor on my mom. At the time I thought that was what was making her…. That was like I was not being good, or I was not doing what I needed to do, and that's why she was upset". Similarly, when Sylvia's mother would isolate herself in response to anxiety, she said she "would always wonder, like, if I did something wrong. And, like, how could I fix it?" Participants spoke of these feelings of self-blame as almost exclusively as being accompanied by the desire to fix the problem, such as when Naomi said "I think I would then get anxious and be like, 'Is she okay? How can I fix it? Am I, you know, inducing the anxiety? What can I do to help it?' Participants often described feelings of self-blame accompanied by problem solving behaviors or thinking in relation to their mothers' symptoms.

Many participants described specific steps they would take to attempt to make their mothers feel better, Danah described her thought process as a child as, "I just wanted her to kind of calm down like I'm like, "What can I do?" Can I like…. maybe I should go clean my room better, or like, do something that would make her happy." Activities such as cleaning, doing homework, or obeying parents were identified as methods daughters used to attempt to please their mothers. The feeling of not being able to solve the problem was often described as creating

anxiety for these young girls. Camille described feeling frustrated that she could not make her mother feel better. As the oldest sibling, she felt she should be able to make things okay and said she usually could with her siblings, such as times where "Oh, the toy is broken. Let me go get some duct tape and tape it back." However, in the case of her mother, she said "I couldn't… I couldn't, you know, make them not divorce, you know. I couldn't do whatever to you know, make her not be anxious, you know…. Solve the problem. So yeah, it would frustrate me".

Even for participants who did not overtly feel that they were the cause of their mother's distress, many internalized messages that if they would just be small, quiet, or good enough, that they could fix the situation and make everything safe. Denise described that She "picked up a lot of things were not explicitly said to me." Specifically, she felt the message with her family was, "Don't ask for too many things. Don't… just don't take up too much space." She described these messages feeling connected to the "pressure" she witnessed her mom under, feeling like "I'm messing up. I'm taking up too much space. I'm doing too many things wrong." When anxiety was present but there was a lack of commutation about it, daughters often attributed the cause of their mothers' stress to themselves, leading to feelings of walking on eggshells and fear of messing up.

Daughter Sensitivity to the Feelings of Others

The third theme that emerged from the data was an increased sensitivity to the feelings of others that was described by a majority of participants in the study. The women interviewed in this study often described a heightened awareness of the feelings of their mothers, as well as of others in their lives. Participants recalled several nonverbal cues they used to predict their mothers' moods. Denise identified "the look on her face" as a predictor of her mother being "about to snap." Melody also identified "the look on her face" as a marker of her mother's mood. She "felt it in the pit of her stomach" that her mother was feeling anxious when she was a child.

Sydney described her awareness of her mother's emotions, "This this sounds crazy. I know it does, but I can tell based on how my mom greets me what type of mood she is in." She acknowledges how this level of attunement to the emotions of others is unusual but, for her, this sensitivity to her mother's feelings was normal. She identified the cues she used to predict her mother's mood as "her tone and demeanor." Even as an adult she still can pick up on her mother's emotional states. She shared that "I can still tell by how my mom answers the phone what kind of mood she's in." In addition to sensitivity to the feelings of their mothers, participants described that they felt sensitive to the feelings of strangers and friends, as children and as adults. Sylvia described heightened empathy she experienced for toys when she was a child, saying "if there was a stuffed animal that maybe had, like, a little mark on it, like, it got ran over by a buggy or something. I wanted to get that one because I was afraid that nobody else was gonna want it, and then it was gonna go to the dumpster". This empathy became painful as her concern for the feelings of the toys would cause her worry about their wellbeing. Another participant described this kind of empathy for animals and peers at school. Danah shared, "If someone was making a joke that felt mean to me if I thought I saw an animal suffering or thought about another kid like I would be in so much distress, and it would take a lot to calm me down." She described herself as "the kid, who cried very easily" and described that she struggled to regulate her emotions, taking hours at times to become calm after situations such as this.

Process of Understanding Mother's and Own Anxiety

The fourth theme that emerged from the data was participants' process of understanding their mothers' anxiety. Each participant within the study touched on this theme, providing insight into the process through which they came to understand that their mother had anxiety, although

differences emerged between participants in the age at which they understood this and the cues they used to understand their mothers' condition.

Several participants described understanding early in life that their mothers were experiencing anxiety. Naomi explained that she had "always known it" for her "whole life" and that she could not "remember, like a point where I was like, 'Oh, wow! She's anxious.'" She attributed this early understanding to the fact that her family was always "pretty open about mental health disorders and talking about it and issues." Camille also described an early understanding of her mother's anxiety, saying "I think I always knew. I just didn't know what to call it." More commonly in interviews, participants described not understanding their mothers' anxiety in childhood and coming to a later understanding in either adolescence or adulthood. Often, this understanding came when daughters experienced anxiety themselves and confided in their mothers about their experiences, prompting conversations about experiences mothers had when the child was younger. These participants described feeling confused or lacking understanding of what their mothers were experiencing when they were children. Ansley recalled, "As a child like a young child. I knew something was going on, but I didn't know what that was.". Sylvia described feeling "confused" by what she observed in her home. In her case, she began to understand what her mother was experiencing in adolescence when her mother was hospitalized for anxiety and explained to her what was occurring. When she later began to experience anxiety of her own, she "thought it was normal" due to having seen her mother experience it. Once her anxiety presented as panic attacks, she realized "this isn't normal." She described how she thought feeling afraid was something everyone experienced, saying "I thought I was just really scared and that everybody had, like, really scary fears." Similarly, Danah described not fully understanding her mother's behavior was rooted in anxiety. Rather she

recalled that “as a kid, I used to just think my mom's more strict than other parents.” As a child she attributed her mother’s behavior to strictness, however as an adult, she now can understand that her mother’s strict rules for her came from a place of fear of something “going wrong.”

Many participants described conversations they had with their mothers when they were older that were clarifying to their childhood experiences. Ansley describes this increased openness that occurred once she opened the floor for conversations about anxiety with her mother, saying “I don't think she ever really talked to me about her feelings until maybe late college… I kind of started trying to open up to her about like my feelings and maybe seeking help. And that's when she finally started to kinda open up to me about what she was thinking”. Melody explained her experience talking to her mom about her own anxiety when she was in her early twenties, once her anxiety “got really bad.” When she went to counseling, she said she “talked about it with my counselor and I realized that my mom, um, really kinda suffered through that.” She didn’t have awareness of what her mother was experiencing when she was younger, but she reflected that “the older I've gotten, I really kind of realized just certain things she did” that she now understands as anxiety. Denise shared a similar experience, reflecting that she did not understand what was occurring with her mother’s mental health when she was a child. She described the lack of communication between her mother and herself about this, saying “To be very honest, she did not talk to me about it. Um, I think what happened is, you know, I talked to her about once I was older and was able to recognize what happened.” Communication with her mother when she was older helped clarify her experiences in childhood.

Maternal Modeling of Coping

The fifth theme that emerged from the data was the ways in which daughters observed their others model coping for anxiety when they were children and as adults. This theme was

present in each interview, although differences existed between how coping was modeled and how daughters perceived maternal coping. This occurred through direct conversations about coping, modeling of help seeking, modeling of coping behaviors, and, in some cases, a lack of modeling of coping. Some women reported openness with their mothers about anxiety that resulted in direct conversations about way in which their mothers coped with their emotions. Naomi recalled that her mother "tried to shelter" her for "a while" but eventually had honest conversations with her about her mental health after a three-month hospitalization. Her mother modeled help seeking behavior in this way and communicated about it directly to her daughter. Later, when Naomi began to experience anxiety herself, her mother would talk to her about her experiences, and they were able to relate to one another through this. Naomi described that she specifically remembered her mother "would give me skills to try to change it… anxiety, panic attacks." Camille shared similar experiences with her mother. Her mother, too, was "very open about her struggles with mental health". She said, "I think that's caused me to also be very open. You know, like like doing this. You know, I didn't have any anxieties about getting going to talk to you". Melody also described her experiences talking to her mother about her anxiety and learning ways to cope. She described her mother as her "best friend" and explained how she was "really honest" about things with her. She specifically mentioned that her mother "made sure to let us know that she didn't try to cover things up when things got hard". Similar to Naomi and Camille, Melody recounted specific conversations she had with her mother about anxiety after she began to experience it herself. She recalled a specific conversation she had with her during a particularly difficult time with her own mental health, in which she remembered her mother telling her that "life might suck right now, but you just have to really make sure you talk about your feelings because if you bottle them in, that's just, not a healthy thing." She also remembered

her mother saying “it's okay to feel anxious. It's okay to feel scared, but you just have to be willing to want to talk to me about it or talk to somebody else about it because that's the only thing, that's what kinda get you through it other than praying”. He mother encouraged her to “talk through the emotions and figure out a healthy way to get these emotions out”. Other participants described observing a lack of help seeking from their mothers, even, in some cases, that their mothers were closed off to therapy entirely. Sylvia explained that her mother did not talk to her about seeking help for her anxiety, but that “as I know, I don't think she ever did counseling or anything like that, um, for, like, maintenance or check ins. She kinda just kept on doing life, I guess”. Ansley described that her mother did take medication for anxiety but would “cold turkey stop” and “that's when she'd have these like breakdowns”, after which she would “go back to the doctor” to have her medications changed. This cycle resulted in it taking it “her several years to find the right regimen”. Her mother did not participate in counseling, and Ansley recalls she “has always been very opposed to like therapy, like talking about it”. Denise also recalled that her mother did not seek help for therapy and when asked if her mother coped in other ways, she stated “that that remains a mystery to me.”

Compassion for Mother in Adulthood

The sixth and final theme that emerged from the data was the daughters’ compassion for their mothers when reflecting on childhood experiences as adults. All participants described complicated feelings toward their mothers, a few participants shared about feelings of compassion that they experienced toward their mothers later in life. Participants described mixed feeling about their mothers and how they managed their anxiety when they were children. Ansley described feeling “angry” and being “hateful” toward her mother. As an adult, however, she feels more compassionate toward her mother, especially as she experienced her own mental health

difficulties. She reflected, “I think, as I've got, and as I've had my own struggles, I've been able to kind of have more compassion towards her.” Danah also described how her feelings toward her mother evolved as she reflected upon her experiences in childhood as an adult. She described times in which as a child she felt that her mother was acting manipulatively. As a child, this was a hurtful experience, however “as an adult looking at this now” she feels “it wasn't even manipulative or like the kind of things like some parents say, like in anger, like yelling at their kid like, you're awful. It was like she was spinning out of control”. She acknowledged that “yes, it gave me anxiety all those times that you told me like ‘People are going to judge’ me, ‘da da da’, and all of that” but as an adult she now is able to acknowledge that “you modeled really bad anxiety, and like how to be tense and how to not sleep, and how to prioritize everybody except yourself”. She shared that her acknowledgement of this comes “not from a place of blame, but from a place of like ‘You should have empathy, maybe because you've been through it’”. When she looks back on her experience with her mother she feels sad that she did not see her mother’s true self. Sydney also related to feeling frustrated with the way her mother’s anxiety was handled within her family when she was a child. In her case, she felt frustrated by the ways others in her family spoke of mental health. She felt defensive of her mother, when her father would minimize the impact of mental health. Now as an adult, to be compared to her mother feels like a compliment, even as some of the struggles she has faced may have stemmed from her family upbringing. She also spoke of regrets her mother has expressed to her about the impact of her anxiety upon the family. Even though her childhood was not perfect, she is compassionate toward her mother’s difficulties and feels sad when her mother has regrets about the way she was exposed to her anxiety in childhood.

Discussion of Research Findings

Current literature on anxiety transmission and the mother-daughter relationship demonstrates a gap in understanding the lived experiences of women who were raised by mothers who exhibited symptoms of anxiety, despite understanding that anxiety within the family system has been shown to have negative mental health outcomes for children (Cohen et al., 2011; Lee-Feldner, et al., 2011; Nomura et al., 2002; Weintraub, 1984).

In this study, participants reported feeling concerned and responsible for their mother's wellbeing, often questioning if they caused problems within the family. Findings on children and adolescents who experience self blame related to parental mental illness demonstrate negative impacts of self blame upon their mental health, such as heightened levels of self-reported depression and anxiety (Donahue et al., 2018). Much of the research around self-blame in this area explores the role of attribution style in how children perceive parental symptoms of mental illness, including findings that children who reported higher levels of depression symptoms in their parent tended to be more vulnerable to negative attributional styles, in which they attributed negative events to themselves (Bruce et al. 2006) and that children with mothers who reported high levels of depressive symptoms tended to exhibit higher levels of internalizing symptoms when they also reported higher levels of self-blame (Kouros et al., 2020). Several participants also described feeling concerned about the feelings of others as they grew up, outside of their home, such as in school. Through the lens of cognitive theory, these women described attentional biases toward negative emotional states in others, (Hayes & Hirsh, 2007), as well as interpretational biases, as described in the previous section, in which they may "draw threatening inferences under conditions of ambiguity" (Hayes & Hirsh, 2007, p. 176). Previous research has explored anxious mothers' tendency toward these information processing biases (Lester et al.,

2012) and this study suggests that young children being raised by an anxious parent may experience these biases as well. Participants in this study described being able to pick up on nonverbal cues of their mother's emotions as well as often interpreting them as signals of distress. This would often cause distress for them as young children, due to feeling like they needed to read their mothers and attend to her emotions. These findings are supported by research findings that children who attend less to their mother's positive emotions than negative emotions have higher levels of internalizing problems overall (Donahue, 2017). Once again, this supports the experiences of women shared in this study of increased attention to their mother's negative emotions and greater internalizing problems.

Participants described the process through which they came to understand that their mother had anxiety, although differences emerged between participants in the age at which they understood this and the cues they used to understand their mothers' condition. Some participants described understanding that their mother was experiencing anxiety at a very early age, while most described coming to understand what was occurring, only once they were young adults and experienced anxiety themselves. The findings in this study are congruent with previous studies on how children understand parental mental illness, including findings that children often do not experience clear communication about what is occurring with parents who experience mental illness which can lead to uncertainty and confusion for children (Mordoch, 2010).

Similar to how children adopt their mothers' symptoms of anxiety through social learning (Fisak & Grills-Taquechel, 2007; Gerull & Rapee, 2002), this research suggests that children may develop coping strategies based upon observations of parental coping. Research on the topic of parental emotional socialization highlights the role of parents' reactions to children's emotions, conversations about emotion, and modeling of emotional regulation in the

development of children's ability to regulate their own emotions (Eisenberg et al.,1998; Morris et al., 2007). Participants in this study often spoke of direct and indirect messages they received from their mothers about how to respond to stress. Similar kinds of modeling to the types of models shared by participants in the present study are highlighted as essential to parental emotion socialization between parents and children, such as direct conversations about coping, coaching on how to cope, modeling of coping behaviors, and reactions to children's displays of emotion (Eisenberg et al., 1998; Anderson et al., 2023).

Several participants shared about feelings of compassion that they experienced toward their mothers when reflecting upon their experiences later in life. These feelings often stood in contrast to more negative feelings women reported having toward their mothers when they were children. Previous literature has explored the relational reparations that children of parents with mental illness made as adults (Patrick et al., 2020). Reflection on childhood experiences can serve as a way to learn life lessons and become more empathic and understanding toward oneself and others as a result of going through challenging times as a child (Sjoblom et al., 2018). As children grow and accumulate their own life experiences, it is possible that they may look upon their parents with more sympathy as they understand the challenges they faced for themselves.

Implications for Counselors and Counselor Education

While there is still a need for further research on this topic, the present study and research highlighted in this study point to the importance of facilitating communication between mothers and daughters about emotions and coping, particularly in ways that facilitate adaptive coping strategies. Family therapy can serve as a way to increase communication and teach adaptive coping to all members of the family. Children need clear explanations of their mother's mental health condition in terms they can understand and make sense of (Cooklin, 2013). Children also

benefit from an intentional rebalancing of caretaking roles, in which they are afforded opportunities to engage with other children in playful ways and not to carry the burden of responsibility for the adult's wellbeing (Cooklin, 2013). In order to achieve this, counselors can assist families in increasing quality communication between parents and children, increasing understanding for children of their role within the family system, clarifying the causes of distress within the family, and reducing any attributions of blame that the child may be experiencing within the family. Increasing help-seeking behavior and access to help for both mothers and daughters is crucial in treating the overall impacts of anxiety upon the family.

In addition to family interventions, individual therapy can be useful in the treatment of anxiety within the family. Counselors must be aware of the impacts of parental mental health upon the mental health of clients across the lifespan and create intake and assessment practices which collect information on potential impacts of maternal mental health upon the lives of female clients. Counselors must be aware of the impacts of parental mental health upon the mental health of clients across the lifespan and create intake and assessment practices which collect information on potential impacts of maternal mental health upon the lives of female clients. Individual therapy can be used as a way to assist mothers with managing their anxiety. Counselors can teach mothers more adaptive coping skills for managing anxiety and assist them with expanding their toolbox of coping skills to include more primary coping skills such as problem solving and secondary coping skills such as acceptance, distraction, and cognitive reframing, rather than disengagement coping (Compas et al. 2017; Connor-Smith et al., 2000; Rudolph et al., 1995; Weisz et al., 1994). Counselors can provide psychoeducation to mothers on the impacts of modeling of coping on child and adolescent functioning (Anderson et al., 2021) as well as target beliefs about the importance of attention to/acceptance of emotional reactions and

the value of emotion self-regulation in order to increase parental emotion socialization (Meyer et al., 2014).

For children, individual therapy can as serve as an early intervention for children growing up in families with an anxious mother. An important goal of therapy with children in similar families may be to assess for and target levels of self-blame attributions and interpretations through cognitive-behavioral interventions (Donahue et al., 2017; Ladouceur et al., 1998; Van Parys et al., 2015). Similar to their work with mothers, counselors can teach children adaptive coping skills and assess or children's coping strategies to determine if a child is learning unhelpful coping from their mother. Since introspection and reflection upon childhood experiences have been shown to be useful in the process of meaning making for children with adverse experiences in childhood, individual therapy can be a valuable tool for adult children of anxious mothers in reflecting on and making meaning of their childhood experiences (Sjoblom et al., 2018). One goal of therapy for adult children of mothers with anxiety may be to integrate their childhood experiences into their own parenting as adults or to work through complicated feelings toward their mothers in adulthood (Patrick et al., 2020). Counselor educators must also be conscious of these factors and ensure that training for counselors includes education on the impacts of mental health upon the family system and teach counselors-in-training how to incorporate this into their conceptualizations of child and adult clients.

Limitations and Recommendations for Future Research

The small participant size and nature of the exploration of the lived experiences of the eight participants prevents the information gathered in this study from being generalizable to all women who grew up with a mother who exhibited symptoms of anxiety. Even so, transferability of findings is achievable within qualitative research (Tracy, 2010). The information gathered

from the interviews conducted in this study can supplement further conversations and research on this topic. Despite methods taken to increase the trustworthiness and validity of this study, the life experiences and positionality of the researcher inherently may impact the findings of the study. While women did discuss their various cultural backgrounds and socioeconomic statuses in the interviews, the sample pool was made up of women ages 18-38, excluding women above the age of 38, who may have different experiences which would be valuable to the research. Additionally, formal information regarding race and ethnicity was not collected in the demographic form and, as such, the researcher was unable to determine the racial diversity of the sample.

It is crucial that further research be conducted on this topic in order to further understand the experiences of women with similar family experiences to those who participate in this study. This research begins to fill the gap in the research, however additional research on the impacts of mental health conditions upon the family unit are necessary to expand knowledge in this area. Research related to the experiences of sons and gender-diverse individuals raised by mothers who exhibited symptoms of anxiety would be valuable to better understand the role of gender within the phenomenon. Similarly, research on the experience of being raised by a father who exhibited symptoms of anxiety would also provide insight into the role of parent gender in the phenomenon. Finally, similar studies exploring the experience of growing up with a parent with other mental health conditions such as mood disorders, personality disorders, and neurodevelopmental disorders would be valuable in the larger area of understanding the role of parental mental health with the family system.

Conclusion

This research study was conducted to better understand the lived experiences of daughters of mothers who exhibited symptoms of anxiety, as well as their later personal experiences of anxiety. Eight women shared their experiences through semi-structured interviews with the researcher. These interviews and the information shared with the researcher of the women's lived experiences provided a rich description of this phenomenon and helped to identity six themes within it: (1) Family Stress, (2) Child Desire to Fix and Self Blame, (3) Daughter Sensitivity to the Feelings of Others, (4) Process of Understanding Mother's and Own Anxiety, (5) Maternal Modeling of Coping, (6) Compassion for Mother in Adulthood. These participants provided valuable insight into this phenomenon through the sharing of their experiences across the lifespan, which will be instrumental in helping to care for women and families with similar experiences.

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Appendix A. Information Letter

(NOTE: DO NOT AGREE TO PARTICIPATE UNLESS IRB APPROVAL INFORMATION WITH CURRENT DATES HAS BEEN ADDED TO THIS DOCUMENT).

INFORMATION LETTER
for a Research Study entitled
"Anxiety Transmission within the Mother-Daughter Relationship: A Phenomenological Qualitative Study".

You are invited to participate in a research study in which we seek to understand the experiences of women who grew up with a mother who experienced anxiety. This study is being conducted by Emma Shaw, under the direction of Dr. Heather Delgado in the Auburn University Department of Special Education, Rehabilitation and Counseling.

What will be involved if you participate? If you decide to participate in this study, you will be asked to participate in an interview that explores your experiences as a child specifically related to your experience with your mother. The interview should take 30-60 minutes to complete. All interviews will take place via Zoom. In addition, you will be asked to complete a brief demographic form.

Are there any risks or discomforts? There are no anticipated risks associated with participating in this study, other than potential discomfort due to answering personal questions. You do not have to answer any question that you do not wish to answer, and you can end the interview at any time.

Are there any benefits to yourself or others? You may not get any direct benefit from this study, but the information we learn will provide insights into how parental anxiety affects children and aid therapists in treating clients who have faced this.

Will you receive compensation for participating? No

Are there any costs? If you decide to participate, you will not incur any costs.

If you change your mind about participating, you can withdraw at any time during the study. Your participation is completely voluntary. If you choose to withdraw, your data can be withdrawn as long as it is identifiable. Your decision about whether or not to participate or to stop participating will not jeopardize your future relations with Auburn University, the Department of Special Education, Rehabilitation and Counseling.

Your participation is completely voluntary. All information that is shared with us will remain confidential. Information obtained through your participation may be published in a professional journal or book and may be presented at a professional conference. What we learn will also be shared with state and local educational organizations. If you have any questions about this study, please ask them prior to the interview or contact Emma Shaw at evt0002@auburn.edu. If you have questions about your rights as a research participant, you may contact the Auburn

University Office of Research Compliance or the Institutional Review Board at IRBadmin@auburn.edu or (334) 844-5966.

If you have questions about your rights as a research participant, you may contact the Auburn University Office of Research Compliance or the Institutional Review Board by phone (334)-844-5966 or e-mail at IRBadmin@auburn.edu or IRBChair@auburn.edu.

HAVING READ THE INFORMATION PROVIDED, YOU MUST DECIDE WHETHER OR NOT YOU WISH TO PARTICIPATE IN THIS RESEARCH STUDY. IF YOU DECIDED TO PARTICIPATE, PLEASE CLICK ON THE LINK BELOW. YOU MAY PRINT A COPY OF THIS LETTER TO KEEP.

Emma Shaw

_____

Investigator Date

Dr. Heather Delgado

_____

Co-Investigator Date

The Auburn University Institutional Review Board has approved this document for use…

Include stamp after approval

Appendix B. Informed Consent Document

INFORMED CONSENT

for a Research Study entitled

"Anxiety Transmission within the Mother-Daughter Relationship: A Phenomenological Qualitative Study".

You are invited to participate in a research study in which we seek to understand the experiences of women who grew up with a mother who experienced anxiety. This study is being conducted by Emma Shaw, under the direction of Dr. Heather Delgado in the Auburn University Department of Special Education, Rehabilitation and Counseling.

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Are there any benefits to yourself or others? You may not get any direct benefit from this study, but the information we learn will provide insights into how parental anxiety affects children and aid therapists in treating clients who have faced this.

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If you change your mind about participating, you can withdraw at any time during the study. Your participation is completely voluntary. If you choose to withdraw, your data can be withdrawn as long as it is identifiable. Your decision about whether or not to participate or to stop participating will not jeopardize your future relations with Auburn University, the Department of Special Education, Rehabilitation and Counseling.

Your participation is completely voluntary. All information that is shared with us will remain confidential. Information obtained through your participation may be published in a professional journal or book and may be presented at a professional conference. What we learn will also be shared with state and local educational organizations. If you have any questions about this study, please ask them prior to the interview or contact Emma Shaw at evt0002@auburn.edu. If you have questions about your rights as a research participant, you may contact the Auburn

University Office of Research Compliance or the Institutional Review Board at IRBadmin@auburn.edu or (334) 844-5966.

If you have questions about your rights as a research participant, you may contact the Auburn University Office of Research Compliance or the Institutional Review Board by phone (334)-844-5966 or e-mail at IRBadmin@auburn.edu or IRBChair@auburn.edu.

HAVING READ THE INFORMATION PROVIDED, YOU MUST DECIDE WHETHER OR NOT YOU WISH TO PARTICIPATE IN THIS RESEARCH STUDY. YOUR SIGNATURE INDICATES YOUR WILLINGNESS TO PARTICIPATE.

Participant's signature Date

Printed Name

Co-Investigator Date

Printed Name

Investigator obtaining consent Date

Printed Name

Appendix C. Screening, Demographic and Contact Information Questionnaire

Screening Questions

1. Are you a cis-gender woman?
2. Are you between the ages of 18-65?
3. Did your mother experience anxiety when you were a child?
4. Have you experienced anxiety yourself?

Demographic Questions

1. How old are you?

   _____

2. How do you identify your race/ethnicity? Please choose all that apply.

   White
   Black
   Pacific Islanders Asian
   Native Hawaiian
   American Indian
   Alaskan Native
   Hispanic/Latino
   Biracial/Multiracial
   Other

Note: I will use skip logic in Qualtrics so that the participants have to qualify before they can give their demographic and contact information.

Contact Information

1. Email address

   _____

2. Phone number

   _____

Appendix D. Interview Protocol

To facilitate our note-taking, I would like to audio tape our conversations today. Only researchers on the project will have access to the tapes which will be eventually destroyed after they are transcribed. You must sign a form devised to meet our human subject requirements. Essentially, this document states that: (1) all information will be held confidential, (2) your participation is voluntary and you may stop at any time if you feel uncomfortable, and (3) we do not intend to inflict any harm. Thank you for your agreeing to participate.

I have planned this interview to last no longer than one hour. During this time, I have several questions that we would like to cover. If time begins to run short, it may be necessary to interrupt you in order to push ahead and complete this line of questioning. I am grateful for you sharing about your life with me today and look forward to understanding more about your experiences.

You have been selected to speak with us today because you have been identified as someone who has the childhood experience of growing up with a mother who exhibited symptoms of anxiety. This research project as a whole focuses on the experiences of daughters who were raised by anxious mothers, communication abut anxiety within their families, and their own experiences of anxiety. This study does not aim to provide counseling regarding these issues. Rather, we are trying to learn more about this phenomenon, and hopefully learn about practices that help mothers, daughters, and families facing anxiety.

Interview Questions

A. General Childhood Experiences

1. How would you describe the family environment you grew up in?
2. What was your relationship with your mother like?

B. Parental anxiety

3. When and how did you first realize your mother was experiencing anxiety?
4. If your mother did talk to you about her feelings of anxiety, what did she tell you?
5. As a child, what did you attribute your mother's anxiety to?
6. When you mother was feeling anxious or afraid, were you aware? If so, how were you aware?
7. How did you feel when your mother exhibited symptoms of anxiety?
8. What did you think when your mother exhibited symptoms of anxiety?
9. Did your mother ever seek treatment or help for anxiety?
    a. If so, did she talk about this with you?
    b. If so, what did these conversations look like? How did you feel about this?
10. How did you see your mother cope with anxiety?

C. Personal Anxiety

11. What has been your personal experience related to anxiety?
12. Tell me about any specific scenarios or situations that bring up anxiety for you.
13. Are there any specific thoughts you have when feeling anxious?
14. What do you attribute your anxiety to?

15. How do you cope with anxiety?

D. Final Thoughts

16. Is there anything else you would like to add or anything else you would like me know?